

# **SMALL MEETINGS:**

## **The application of psychodynamic thought in community work with South African children**

By

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The crest of the University of Stellenbosch is centered behind the text. It features a shield with a red cross, a blue field, and a white field, topped with a crown and a banner. The banner contains the Latin motto "Pecunia subleuat cultus recti".

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## **STATEMENT**

I, the undersigned, hereby declare that the work contained in this assignment is my own original work, and that I have not previously in its entirety or in part submitted it at any university for a degree.

Signature

Date



**ABSTRACT**

Community psychology in South Africa has been defined in antithesis to more traditional psychotherapies such as psychoanalysis. It has been necessary, in the formative stage of community psychology, to be clear about what it is not, in terms of establishing a progressive psychology that meets an urgent need. So too, psychoanalysis started out needing to be very clear about how it differed from previous practices, and what its aims were. Over the last hundred years psychoanalytic thought has, however, undergone tremendous development. Perhaps it could be said that its transmutation into a South African psychology is still underway. Community psychology has been critiqued for its lack of theory, and few extended analyses of community psychology interventions exist. By contrast, psychoanalysis offers detailed theoretical accounts and case studies. It is proposed that both paradigms could benefit from an exchange of ideas.

There is a common misperception that community psychology focuses on external problems, while psychodynamic therapy focuses solely on the intrapsychic. While this is not wholly true, it could be said that children are conceptualised very differently by these two perspectives, and that this has had implications for treatment. Recently, however, several South African practitioners have begun to introduce psychodynamic thought into community interventions in enriching ways. They are beginning to conclude that community psychology has necessarily been unable to utilise a depth psychology approach, for a variety of legitimate reasons, but that this is the next step in meeting the huge challenges of community work.

This study provides a discussion of the contributions of psychoanalysis to an understanding of child development, as well as an examination of the ways in which community psychology has conceptualised and worked with children. Empirical examples of the treatment of South African children will be followed by a case study in which psychodynamic thought was combined with a community-style intervention. The authors conclude that the link between internal and external worlds is a complex one, especially in work with children. The internal and external seem, in effect, to be indivisible, and any intervention hoping to be effective splits these two worlds to its own detriment.



**ABSTRAK**

Gemeenskapsielkunde in Suid-Afrika word dikwels gedefinieer in teenstelling met meer tradisionele benaderings soos die psigoanalise. In die vormingsjare van gemeenskapsielkunde was dit noodsaaklik om dit helder te definieer. Hierdie noodsaak het ontstaan weens die ontwikkeling van 'n vooruitgaande sielkunde wat 'n dringende behoefte nakom. Op 'n soortgelyke manier moes psigoanalise in die onstaansjare ook presies wees oor hoe dit verskil van vorige benaderings en oor sy doelwitte. Oor die afgelope honderd jaar het psigoanalitiese denke egter geweldig ontwikkel. Daar sou beweer kon word dat die posisie in 'n Suid-Afrikaanse sielkunde nog steeds onderweg is. Gemeenskapsielkunde is al gekritiseer oor sy gebrek aan teorie en daar bestaan min uitgebreide teoretiese verslae oor gemeenskapsintervensies. In teenstelling hiermee bied psigoanalise breedvoerige berigte en gevallestudies aan. Dit word voorgestel dat beide benaderings sou kon baat vind by die gemeenskaplike toepassing van idees.

Daar bestaan 'n algemene wanopvatting dat gemeenskapsielkunde op eksterne probleme fokus, terwyl psigodinamiese terapie uitsluitend op die interne ingesteld is. Terwyl dit nie heeltemal waar is nie, sou daar ook aangevoer kon word dat kinders baie verskillend gekonseptualiseer word binne hierdie twee perspektiewe. Dit hou implikasies vir behandeling in. Onlangs het verskeie Suid-Afrikaanse praktisyne egter psigodinamiese denke verrykend begin aanwend in gemeenskapsintervensies. Daar is tot die gevolgtrekking gekom dat gemeenskapswerk in die verlede noodgedwonge nie 'n psigodinamiese benadering kon benut nie weens 'n verskeidenheid van voor-die-hand-liggende redes. Die enorme uitdagings van gemeenskapswerk word in die vooruitsig gestel.

Hierdie artikel verskaf 'n bespreking van psigoanalise se bydrae tot 'n begrip van kinderontwikkeling, asook 'n ondersoek na die wyse waarop gemeenskapsielkunde oor kinders dink en met hulle werk. Voorbeelde van die behandeling van Suid-Afrikaanse kinders word gevolg deur 'n gevallestudie, waarin psigodinamiese denke gebruik word in 'n gemeenskapsintervensie. Daar word aangevoer dat die skakeling tussen interne en eksterne wêreld 'n komplekse een is veral in werk met kinders. Die interne en die eksterne blyk om in effek onskeibaar te wees en enige intervensie wat hoop om effektief te wees, verdeel hierdie twee wêreld tot sy nadeel.

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## 1. Introduction

This paper takes its impetus from a community intervention with children, which utilised psychodynamic thought to understand the dynamics between the psychologist and her clients, and to guide her choices in the therapeutic setting. This approach was born out of the practitioner's own theoretical orientation and was perhaps a contentious choice in terms of community psychology principles. Its effect was dramatic, both in terms of the benefits to clients and the problems that were generated. Psychoanalytic concepts seemed to find a niche in this intervention, perhaps because relationship is such a central concept in psychoanalysis, and this is also a crucial issue in community work, where psychologists are interlopers, and in many ways represent the privilege and division entrenched by the history of Apartheid. This paper will attempt to explore the possible contribution psychoanalytic ideas might make when a community psychologist meets with child clients. At this juncture in the development of a South African psychology, it seems that we need, increasingly, to find ways to speak and understand more deeply, and in more complex ways, and the question being posed is whether psychodynamic thought is able to do this in a community context or not.

### 1.1 The South African social context and psychic reality

In South Africa, the issue of internal versus external landscapes becomes critical as we try to develop a progressive psychology in the wake of Apartheid. South African suffering could be said to have a unique profile. Poor black<sup>1</sup> people, and specifically poor black children (the focus of the current paper), are inundated with extreme hardship. In the face of the tremendous suffering of these children, psychologists have mostly responded by turning away from an intrapsychic focus when working with such clients. At the radical edge, community psychology has issued the imperative for psychologists to be involved in the process of social change. A harsh social reality has in some ways overshadowed the internal, and traditional therapies, like psychoanalytic psychotherapy, have been rejected as luxurious, potentially oppressive, and ultimately ineffective (psychotherapy for the starving?).

The social context of the poor black South African child comprises facets such as the legacy of Apartheid (including the unequal distribution of services), the impact of sociopolitical change, and the numerous sequelae of poverty, including parental neglect, domestic violence, sexual abuse, crime, malnutrition, and ill health. From a psychoanalytic perspective, such factors are thought to

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<sup>1</sup> For the purposes of this paper, South African race groups will be referred to as black, coloured, white and Indian, without the use of inverted commas.



contribute to the development of personality structures and to ways of relating to the world. The physical, it will be argued, becomes a part of the intrapsychic during development, and these two realms are engaged in a lifelong interplay. A brief examination of the context into which poor South African children are born follows.

In beginning to consider the ways in which South Africa may fail to provide adequate conditions for children to grow up in, one realises that the question of what constitutes “normal” childhood is a complex one. Dawes and Donald (1994) pointed out that “beyond biological dimensions, the state of childhood is not natural, but social, and...it is deeply influenced by the sociocultural practices which provide a framework for psychological development” (p. 11; ellipsis added). Leiderman (1989) cited Fuchs (1976) and Mayer (1970) when noting that “knowledge of the variability found in other cultures is particularly important in assessing the range of normal development in our culture in order to avoid false attributions of pathology to less typical relationship behaviours sometimes seen in Western societies” (p. 166). In effect, cultural differences can lead to misinterpretation of parental behaviours, and misdiagnosis of abuse and neglect (Roer-Strier, 2001). At the same time, racist arguments have tried to use relativism to show that the black experience stands outside of any other (Swartz, 1998).

Post-Apartheid South Africa has seen a diminution of civil unrest, but a high rate of crime persists, often involving children (both as victims and perpetrators). Despite the gloss of a new dispensation, South Africa continues to be a deeply divided society in which multiple cultures co-exist in an atmosphere of tension, with the unequal distribution of power and wealth. Richardson (1994) cited Freeman (1993) when claiming that the need for youth development is crucial to national social reconstruction. She further cited Vogelmann (1990) when stating that addressing the needs of youth in an historically divided society is no easy task: “the cultural diversity of this country renders it impossible to consider South African youth as a homogeneous entity. A full recognition of the individual, socioeconomic, political and regional differences between the various ‘racial’ groups is required” (p. 13).

In a 1985 study of the pre-school development of coloured children in Cape Town, Molteno found that “during infancy milestones corresponded to those found in First World countries. Later, however, there was a developmental fall-off which coincided with the influence of the socioeconomic environment. Just prior to school entry social factors far outweighed growth indices as predictors of developmental outcome” (Molteno, Kibel, & Roberts, 1986, pp. 51-52). This suggests that social circumstances need to be addressed in order to give children a fighting chance in terms of academic progress and emotional development. The latter argument should perhaps be balanced with the assertion that learning difficulties are linked with internal deficit states



(Salzberger-Wittenberg, Henry, & Osborne, 1983). This implies that the internal also needs to be attended to in the interests of lasting change. Stellenbosch University <http://scholar.sun.ac.za>

Almost twenty years after Molteno's study, the political vista in South Africa may look different, but the position of poor South African children essentially does not. In fact, Burman (1986) points out that major and rapid social change only adds to "the discontinuities of experience between children and their parents or grandparents (which) rob the younger generation of the role models so essential for the transmission of values and experience which have been found useful for dealing with their world" (p. 11). Times of change and uncertainty, rather than producing halcyon "rainbow" days, may in fact be equally as threatening psychically as an oppressive but predictable status quo. Even young children who have not known Apartheid, will know the effects of its institution and abolition through their parents; and yet, the discontinuities in their experience may essentially leave them divided. Demographic and social transformations are underway, which include urbanisation, modernity, a weakening of traditional gender roles, the AIDS pandemic, racial inequality, poverty, black political empowerment, and community violence (Barbarin & Richter, 2001). Affirmative action and changes in educational and career opportunities create new separations on the basis of socioeconomic status. In the first phase of transformation, a minority of affluent and well-educated black people may feel themselves, ironically, to be part of a "Generation X", whose reality is markedly different to that of previous generations.

Roer-Strier (2001) has written about the fate of immigrant families in a theoretical paper based on the multicultural reality of Israeli society. She pointed out that children living in the context of abrupt sociopolitical or religious transition can get caught in value conflicts inherent in the coexistence of public and private cultures; a kind of "dual reality" results (p. 236). Central to her argument is the notion that a cultural image of the "adaptive adult" exists, and is challenged by changing environments. In South Africa, we might apply this idea by noting that political violence was at one point a necessary feature of the political struggle, whereas non-violence, love for children, and safe sex are norms espoused by a post-Apartheid Mandela. Under the previous government, suspicion of other races could be considered prudent and a feature of adaptability, whereas a New South Africa asks us to frame adaptability as interest in and respect for diversity. The implication is that children in unsettled societies have to work out their own destinies, values and lifestyle, and this means an increase in the importance of the peer group in the process of socialisation (Burman, 1986). Beyond this, Leiderman (1989) reminded us that siblings and peers have always been an important part of the child's socialisation in more rural and traditional societies.



In an ambitious longitudinal study, Barbarin and Richter (2001) followed a group of “Birth-to-Ten” children born in Soweto during the year of Mandela’s release. They provided a comprehensive review of factors influencing these children, from Apartheid, social change and political reform, to the complex phenomena of pregnancy, birth, growth, health, self-regulation, family, and violence, within this context. They adopted the stress model (also explicated by Seedat, Duncan, & Lazarus, 2001) when they concluded that “The prospects for the healthy development of children...will depend greatly on their families’ responses to the strains and challenges of social transformation, inequality, violence, and securing material need, and its maintenance of close, nurturing, stable relationships” (p. 92).

In South Africa as a whole, about a third of all pregnancies occur among teenagers and 5% among mothers 16 years old and younger (Bult & Cunningham, 1992; Zille, 1986; quoted in Barbarin & Richter, 2001). Young primiparous pregnancies have been found to contribute to perinatal mortality. Teenage pregnancies disrupt the education of young mothers, leaving them vulnerable to unemployment or employment limited to the unskilled domestic sector. This means that the cycle of socioeconomic disadvantage is perpetuated for the children of these mothers (Barbarin & Richter, 2001). An unwanted pregnancy can be a considerable stressor for a woman, and maternal emotional well-being during pregnancy is recognised as contributing to children’s development: the operation of stress reduces the flow of oxygen to the fetus, weakens the mother’s immune system, and affects her eating pattern and substance use (Barbarin & Richter, 2001). Prolonged stress is associated with stunted prenatal growth, premature delivery, low birth weight, and other complications (Lobel, 1994, quoted in Barbarin & Richter, 2001). Infants of impoverished adolescent mothers are further thought to be at risk of developing severe attachment disorder and subsequent aggression (Levy & Orlans, 2000).

Hunger, disease and chronic infection are realities for the majority of children in South Africa: Molteno et al. (1986) estimated that about a third of black children below the age of 14 years are underweight and stunted for their years. The most vulnerable period affecting growth is between birth and four to five years of age (Barbarin & Richter, 2001).

South Africa has the highest statistics in the world for child abuse. Pillay and Lockhat (2001) noted a higher proportion of sexual abuse cases in rural than in urban communities. They attributed this both to a lack of after-care and support facilities for abused children in rural areas, and to a lack of facilities at which such cases can be reported. To illustrate the extent of the problem, they cited police reports showing that 16 000 cases of sexual offences against children were reported to Child Protection Units in 1995. A recent newspaper advertisement by the Johannesburg Child Welfare



Society reported that 12 000 children in Johannesburg were raped in 2002, four of them dying as a result of the abuse (Mail & Guardian, 2003, August 29).  
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Cape Town and Johannesburg are rated amongst the most violent cities in the world. The type of ongoing, anticipated, cumulative trauma that has been relatively unique to the South African context has resulted in the development of the idea of Continuous Traumatic Stress Syndrome (Straker, 1987; Straker & Moosa, 1994, quoted in Rock, 1996). Rock (1996) pointed out that high levels of violence in this country have led to widespread desensitisation. Children are particularly vulnerable because of the low status they are accorded in society. In South Africa, children have variously been witness to, victims of, and participants in political, civil, criminal and domestic violence. It could be argued that even the psychological proximity of violence is as real a threat as its literal form (Gibson, Mogale, & Friedlander, 1991).

Poor children may sometimes be violent, as evinced in the case study which will be described in Section 3. What is the meaning of this behaviour, and where does it originate? Gibson (1993) has written extensively on the phenomenon of violence in children's lives, and concluded that its dehumanising effects are complex, but owe much to modelling or social learning. A combination of emotional, social and biological factors typically interact to promote violence and anti-social acting-out (Levine, 1996, quoted in Levy & Orlans, 2000). Internal vulnerabilities (such as emotional or cognitive deficits) and negative environmental factors could thus be said to be equally significant. Commonly cited family influences on the development of violence include parental mental illness, substance abuse, chronic discord and criminality, maternal depression, low IQ, maltreatment, and, perhaps contentiously, multiple caregivers (if these are consistent, they can in fact give rise to a degree of adaptability in the child: Barbarin & Richter, 2001). In an impoverished community, the above-mentioned family risk factors for violence will be great.

Aggressive children often have violent parents, some of whom have antisocial personalities, use harsh physical punishment, do not provide adequate supervision, and lack involvement in their children's lives. Poverty can give rise to such extremes of behaviour due to parental stress and own deficits in terms of growing up. Exposure to physical violence may result in infant death, the reexperiencing, numbing and avoidance associated with Posttraumatic Stress Disorder (American Psychiatric Association, 1994), separation anxiety, night terrors, fearfulness, aggression, difficulty concentrating, and emotional detachment (Zeanah & Scheering, 1996, quoted in Levy & Orlans, 2000). Both continuous exposure to domestic violence, and neglectful parenting, can result in children who are withdrawn, tentative, and struggle to attend at school. Conversely, children might react by becoming violent themselves, thereby disadvantaging themselves further in the social sphere. This means that children who are in violent environments can easily become dysfunctional,



and violence is thought to have a direct link with psychopathology in adulthood (Kaplan & Sadock, 1998).  
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Peled and Davis (1995), writing from the UK, offered a practitioner's manual for group work with children of battered women. They maintained that witnessing by children of domestic violence can be seen as psychological abuse of the child, and cited Garbarino et al.'s definition of abuse as a "concrete attack by an adult on a child's development of self and social competence, a pattern of psychically destructive behaviour" (p. 3). Seen from this perspective, few poor South African children will escape abuse, even if it is inadvertent. Witnessing violence results in poor self-esteem, which means that the child lacks the confidence to explore and utilise the social context productively. As adults, these children may themselves perpetuate violence. The "transgenerational transmission" of trauma can be seen to be at work where mothers who have been abused by fathers or partners perpetuate child abuse (Maiello, 1998, p. 17). Berg (2001) cited such a therapy case in South Africa, where a mother who had had to prostitute herself for survival and then bore a child, committed infanticide. Here a cultural element was also at play, in that the child was not accepted by the mother's wider family.

Writing on the effects of civil unrest on South African children (in a guide to research), Gibson (1986) noted the particular vulnerability of children in middle childhood to the development of more serious disorders (she quoted Farbewow & Gordon, 1981, in Garmezy & Rutter, 1985). This age group is pertinent for the case study that follows in Section 3. She maintained that children in this phase have an improved capacity for understanding realistic threats to themselves and others, but are at the same time unable to make sense of or rationalise these threats at an abstract level. They move between home and the outside world as their sources of reference, "but have not gained the independence to act appropriately on their environment in order to lessen their fears" (p. 145). Children at this age have the veneer of an adult style of dealing with emotion, yet still experience the intensity of childlike feeling. They may not express anxieties freely as a result, and may relate to extremely threatening situations with the more infantile defence of denial. Gibson noted that special emphasis may be given to withdrawal and isolation as manifestations of emotional difficulties in this age group. Where children are not given clear explanations of violence in the environment, Gibson added that fantasised explanations can increase the child's fear. Parents are once again shown to be a crucial factor in mediating the response to stressful situations. Gibson cited Caplan (1974): "Social support systems act as buffers to help individuals cope with stress by enhancing their trust in the continuation of emotional ties and by facilitating mastery of the environment" (pp. 154-155).



In conclusion, childhood in South Africa can be particularly bleak where oppression has set up a cycle of poverty and related social ills, such as hunger, violence, crime, and sexual abuse. Despite the country's robust record of the latter, as shown above, there is a comparative paucity of literature about *internal* life under conditions of poverty and neglect. As a result of Apartheid and the unequal distribution of resources, few accounts exist which might start to give us a glimpse into the interior world of poor black children. This lack has been exacerbated by the growth of a community psychology which has necessarily privileged the role of social deprivation in psychological suffering. What effect does the child's social context have on the development of the child's internal world? We know that deficits in the social context shape children's behaviour, but what does this look like internally?

Psychoanalysis holds that the internal landscape, formed by early experience, holds as great a sway as anything in the social context. This means that real change, and psychological health, can only result from addressing both realms in tandem. If childhood is a socially-constructed concept, and development cannot be fully understood outside of an historical and cultural context (Barbarin & Richter, 2001), then an understanding of children's lived contexts in the face of poverty is central to the design of effective interventions. This "lived context" has internal facets that may be invisible to the naked eye, but are nevertheless crucial.

In his abandonment of the trauma theory, Freud (1905; 1909) was the first to assert the prominence of psychic life, by positing it as a constellation of both memories and wishes. It is possible to understand the subsequent history of psychoanalysis as an unfolding of the relationship between internal life and the external world. Different paradigms have subsequently interpreted this interplay in different ways, variously placing emphasis in one area or the other, and producing a range of treatment possibilities for psychological disorder as a result.

Some South African writers have called for the psychoanalytic baby not to be thrown out with the Eurocentric bathwater (Swartz, Gibson, & Gelman, 2002). On consideration, psychoanalytic thought may be particularly pertinent to the shifting South African scene: it has taught us to question surface meaning, to allow for unconscious motives in ourselves and our clients, to read events symbolically, and to attend to metaphors. In an era of Truth and Reconciliation, psychoanalysis reminds us that the past will always be with us, and encourages us to bring ongoing power hierarchies to consciousness in the service of our therapy. It has further been suggested that a South African psychoanalysis is being born, one which could benefit from an interchange with community-oriented psychologies. Critics of the psychoanalytic approach often fail to notice the tremendous diversification it has already undergone. The authors hope to contribute to this process of developing psychoanalysis, which has been underway since its inception. Hayes (2002) adopted



an open and dialectical approach when he said, “The history of psychoanalysis is the present, it is still ongoing, it is still contested. I would agree with Lacan (1977) that the legitimacy of the question: “What is psychoanalysis?”, is perennial and profound, especially if one wants to avoid dogma and orthodoxy” (p. 17).

Gibbs (1992a), writing in the United States about developments in community psychology, pointed out that community psychology has cross-fertilised a broad spectrum of traditional psychologies; it consequently lacks a unifying theory, and “has moved to integrate itself with academic psychology and the other social sciences” (p. 10). In other words, both community psychology and psychodynamic theory could grow as a result of further integration. Rock (1994) embraced this perspective in a plea for “a dialogic atmosphere in which the opportunity for richness evolving from mutual exchange (can occur)...the development of a prosperous, richly woven discipline which tolerates subtlety, contradiction and diversity” (p. 58; ellipsis added). In other words, a psychology which reflects the multicultural reality of its country.

The challenge for South African psychology now seems to be how to understand and explicate the relation between interior and external worlds in such a way that the vicissitudes of culture, power and history are considered in what would otherwise be the continuation of an oppressive system.

## **1.2 Aim of this paper**

This paper proposes that there is a very complicated link between social context and the internal world, one which is done a disservice by the somewhat forced dichotomy between community psychology and psychoanalytic thought. Children can be seen to move between these two domains in the realm of their symbols, including play, and it therefore seems particularly important to consider both inner and outer landscapes when working with them. The child internalises an external world (the world of relating), consisting of family, peers, the broader community, and the country in which s/he lives, in a process of meaning-making. This understanding is continuously expressed in the child’s symbols. Below, the link between children’s social and internal worlds will be considered in a review of the relevant literature. This will be followed by a case study. The latter is an attempt at an “exploratory investigation” (Weyers & Reitsema, 2001, p. 46); in other words, at gathering glimpses of what a disadvantaged South African child’s internal world might look like. How does an individual child in a particular setting (in this case, a coloured child in a poor rural settlement) make meaning of social phenomena such as Apartheid, poverty, violence and abuse? And where and how do mental health practitioners enter this scene? It will be argued that the mental health practitioner meets the child both in the world of relating, and in an interpretation of the child’s symbols.



## **2. Literature review**

### **2.1 Contributions of psychoanalytic literature to an understanding of children**

#### **2.1.1 A definition of psychoanalysis**

Central to psychoanalysis is the concept of the unconscious. Psychoanalysis as originally developed by Freud in the 1890s began as a form of treatment of the neuroses, involving the key defining concepts of free association, rich interpretation and transference (psychoanalytical technique) (Rycroft, 1995). Stone (1981) believed interpretation to be the core of analysis (quoted in Rees, 1995, p. 13), and Laplanche and Pontalis (1973) maintained, “Psychoanalysis itself might be defined in terms of it, as the bringing out of the latent meaning of any given material” (quoted in Rees, 1995, p. 13).

Freud developed a specific theory of human behaviour involving the hypothesis of unconscious motives and deep causes. The notion of the unconscious, here defined by Rycroft (1995), suggests mental activity of which the subject is unaware but which nonetheless exerts a dynamic effect on his/her behaviour, and resistance denotes the idea that consciousness defends against the latter knowledge. According to Rycroft (1995), transference alludes to the idea that the relationship of the patient to the analyst is crucial in that it is unconsciously influenced by the relationship to past objects. Rycroft (1995) pointed out that forms of psychotherapy which use Freudian theory in combination with other techniques constitute psychoanalytically orientated psychotherapy, and not psychoanalysis.

Beyond the application of Freudian concepts in therapy, there exists a cultural and social movement based on the psychoanalytical doctrine, “that has had an impact upon a variety of endeavours anthropological, political, aesthetic, literary and philosophical” (Reber, 1985). One thus needs to distinguish between psychoanalytical theory and its practice. Freud’s followers and critics have spearheaded a process of increasing diversification in the psychoanalytic field. For the purposes of this paper, some of Freud’s original ideas, and their extension in the work of Klein, Winnicott, Bion, Bowlby, and Ainsworth, will be utilised.

It will be shown how psychoanalysis uses concepts such as transference and the interpretation of the unconscious to understand the interplay between current and past contexts, and internal life. In the next section, the different ways in which the internalisation of the social context has been



conceptualised within the psychoanalytic paradigm will be discussed. An explication of the concept of object relations will be followed by a focus on play, attachment theory, and developmental tasks. These constructs seem to be central to a psychoanalytic understanding of children.

### 2.1.2 Internalising the social context

Early constructs, such as the idea of a superego, paved the way for an understanding of the process by which children internalise aspects of their external world during development (Freud, 1923). Klein later highlighted the centrality of objects in psychic life and laid the foundation for object relations theory, wherein it is thought that not only objects, but whole object relationships have a life within us. Internal objects are invested with feeling and significance, as much as are external objects. Klein (1940) expressed this implicit interplay between the social and the individual:

The baby, having incorporated his parents, feels them to be live people inside his body in the concrete way in which deep unconscious phantasies are experienced – they are, in his mind, ‘internal’ or ‘inner’ objects, as I have termed them. Thus an inner world is being built up in the child’s unconscious mind, corresponding to his actual experiences and the impressions he gains from people and the external world, and yet altered by his own phantasies and impulses. If it is a world of people predominantly at peace with each other and with the ego, inner harmony, security and integration ensue. (pp. 345-346)

It follows, conversely, that developing in a society in which chronic conflict, poverty and discrimination occur will result in disturbances in the internal world of the infant. The implication is that the internal world begins to take on a life of its own (which has social antecedents and reinforcers), and of itself affects our relation to the outside world. In South Africa, the economic, geographical and emotional consequences of Apartheid may be seen to impinge on the fit between mother and child. Hayman (1997) has written:

If the mother fails for that infant (and it must always be a matter of whether that mother and infant fit each other) it might be because she is insensitive, perhaps because she herself wasn’t well mothered as an infant. It might be that the infant is ill and frail and needing more than the usual care and attention. The worst situation is the tantalisingly erratic mother, who seduces with moments of great empathy, and then doubly impinges with its lack. (p. 30)

Winnicott (1971) noted that there is no possibility for the infant to move beyond primary identification, or beyond the pleasure principle, unless there is a “good-enough mother” (p. 10). He added that this person need not necessarily be the infant’s own mother, as long as s/he demonstrates a primary maternal occupation with the child: “Success in infant care depends on the fact of devotion” (p. 10). This caregiver’s task is to start off with an almost complete adaptation to the infant’s needs, which gradually lessens, as the infant’s ability to account for and tolerate frustration



grows. Difficult socioeconomic and political contexts can often, but do not inevitably, cause erratic mothering, making good-enough mothering, and the child's adaptation by means of devotion, impossible.

A degree of failure in the mother-infant fit is important developmentally. Incomplete adaptation to need is inevitable, and necessary, Winnicott pointed out, because it makes objects real (that is, hated as well as loved): frustration allows the infant to form a conception of and relationship to an external world. Furthermore, Klein's (1930) model of the innately aggressive, anxious infant, suggested that the child itself brings internal states, which need managing, to a meeting with external frustrations and satisfactions. This means that it is never a simple case of innocence meeting a harsh world. However, excessive frustration will have far-reaching consequences, including, Bion (1962) thought, an effect on the ability to think, and to learn from experience. Hence we could say that learning difficulties, for example, will not simply be resolved by improved education, because they represent an early deficit in the environment which has been *internalised* (Salzberger-Wittenberg, Henry, & Osborne, 1983).

Klein (1945, 1946) further used the notions of the paranoid-schizoid and depressive positions to explain the complex link between the internal and external. Initially, the infant fears retaliation from attacked part-objects in both the internal and external worlds. Eventually, there is more concern for the whole object and an impulse to reparation for the effects of aggression. Klein suggested that the child is propelled forward by the libido's search for new objects, giving rise to the Oedipus complex at an earlier age than Freud thought. Guilt and reparation (a desire to preserve the parents) are part of the decline of Oedipal feelings. Thus we might say that there is a constant two-way process between internal and external life, and that ego integration is born out of this kind of relating. In adult life, Klein noted, we vacillate between positions at times of stress. Hence the external always has the power to make us regress.

The infant's use of projective identification as a defence mechanism during the paranoid-schizoid position demonstrates the power of the internal world over external objects. By projecting unbearable internal states or bad parts of the self outward into external objects (initially the mother), the infant is able to regulate (Bion's notion of "containment", 1962). The recipient of projections (later, the practitioner) will experience their painful effects. These projections offer a useful source of information about the child. They can also be expected in adult life, and may be particularly prominent in societies where a constant state of crisis is at play.

Other primitive defence mechanisms include devaluation, idealisation, and omnipotent control over objects. Such manic defences, Klein (1940) thought, are detrimental because they prevent the re-



establishment of good objects. It is understandable that such defence mechanisms flourish at a time when there is so much uncertainty to be tolerated. Meltzer (1988) suggested that the infant never does manage a leap of faith; that instead, “the human mind constructs an inner world where meaning is displayed figuratively and justice prevails” (p. 21). Thus the internal world can be said to originate at times as an adaptive measure to the early experience of a harsh external reality.

### 2.1.3 Play

In the previous section, the psychoanalytic view of an internal world comprised of objects has been described. It was shown that social context shapes internal life from early on, and that internal life can continue to hold sway in adult relating, including through defence mechanisms such as projective identification. In this section, play will be considered as a developmental area in which children express their understanding of their social context by means of symbols. Play will be posited as an important process during which the child digests and even psychically manipulates external events, in the interests of adaptation. At the same time, play gives the observer a glimpse of unconscious meanings of which the child is not aware. In this sense, it is an extraordinary tool for communication with the child’s internal world. In terms of community work, accessing a child’s play potentially provides contact both with a social context, and with less visible, internal landscapes.

Freud (1908) originally postulated that our symptoms, our dreams, our day-dreams, our play as children, and our creative writing, are all “the fulfillment of a wish, a correction of unsatisfying reality” (p. 134). In both neurosis and psychosis, the ego has failed to regulate id impulses successfully. But in art, in play, and in our dreams, our true desires can be expressed, albeit in a disguised way. Thus children’s play will, at times, evince uncensored wishes which are disallowed in social terms. Play “speaks” in a way that a young child cannot, or perhaps may not. In a community setting, the taboos being worked with extend to forbidden ideas, wishes and feelings across the practitioner/client divide, and are likely to involve issues of hatred, love, and envy which are interwoven with our sociopolitical history.

Children’s play is an area in which the internal and external meet with great fluidity, because it can simultaneously express deficits in the social context, and a persecutory inner life. It also gives voice to children’s deep-seated desires, and an interpretation of these is likely to have the effect of easing repression and releasing energy for further play (as described in Section 2.1.6 below).

At the heart of any theory of play is the idea of symbolisation; in other words, that one thing can stand for another. Symbols function in a way that is separate from, and not necessarily accessible to,



language. This means that even pre-linguistic children symbolise with, for example, muscular activities. In a seminal paper, The importance of symbol formation in the development of the ego, Klein (1930) showed that the capacity to symbolise arises out of the need to negotiate early sadistic feelings. Substitution of symbols allows the child to sublimate, and also sets in motion the process whereby a child begins to explore the outside world, and reality in general. Thus symbolisation could be said to be a bridge between early innate impulses, and a new relation to the outside world. The infant turns to symbols in order to protect itself from retribution for its phantasied attacks on the breast, and it is the search for substitute objects which leads to an exploration of the social context. The child increasingly moves away from the narcissistic position of believing that it has the ability to hallucinate the breast at will, to a real relation with objects in which frustration occurs and needs to be managed (Bion, 1962). These frustrating objects in turn become instated within the child, in the kind of “internalised external world” described earlier, and are used as a point of reference in subsequent meaning-making. It could be said that the internal world of symbols is consulted as much as or even more than the current social context as the child moves through life and into adulthood.

Play is a form of communication, and a tool for regulation: Fein (1991) pointed out that ultimately, from a psychoanalytic perspective, “pretense is important to children because it permits them to convert emotional concerns into symbolic forms, thereby making these concerns accessible to rational thought and amenable to modification” (p. 145). This premise is at the heart of diverse play therapies as developed by Freud, Klein, Anna Freud, and more recently, practitioners such as Axline (1989), White and Epston (1990), Landreth (1991) and Miller (1996). Play speaks of a child’s concerns, but can also assist in adaptation and mastering disappointment. Watson (1994), referring to psychoanalytic play theorists, distinguished between repetition compulsion and wish fulfillment in pretend play, noting that a child may start to modify a negative play situation with a positive outcome. Beyond mere desensitisation to the negative experience, positive affect results from this compensatory replacement. Thus, for the child, play literally has the power to change things in the external world, and thereby to make the child feel better about difficult external events.

Play is the place of shared acceptable illusions, and this transitional space is important for the development of creativity and cultural pursuits, as well as being essential to mental health. Winnicott (1971) has gone as far as to suggest that the entire cultural field is in fact a transitional space, by which he means that the early transitional phenomena (the original “not-me” possessions) become diffused, “have become spread out over the whole intermediate territory between ‘inner psychic reality’ and ‘the external world as perceived by two persons in common’” (p. 5). Echoing Wilson (1993), Hayman (1997) says about play and art:



What these achieve is relief from the strain from which we are never free, and that is the strain of relating the inner and outer world. They must be kept separate enough to avoid deluded omnipotence, but if they are too cut off from one another, there will be aridness and lifelessness. The balance is struck in the transitional area...it is an essential part of any life that feels worthwhile. (pp. 32-33)

In play then, transitional objects facilitate the shift from omnipotence to a real relation to social context. Hayman has suggested that maintaining the delicate balance between inner and outer worlds is a lifelong task, and that play, art, and cultural activities assist in this. Where there has been early environmental deficit, however, the organisation of the self, and, consequently, the ability to relate successfully to the outside world will be affected in the way described below.

When there are maternal deficiencies early on, a “false-self organisation” can result. Spontaneous gesture and feeling are sealed off. The result could be an overly compliant child who has lost contact with real feeling: “The ‘aliveness of the body’ is how ‘true self’ is basically described” (Hayman, 1997, p. 31). This compliance will affect the child’s continuing relation to the social context. Winnicott (1946, 1956) also posited delinquency, or the antisocial tendency in children, as a moment of hope in which the child compels an inadequate environment to attend to management. The transitional process, which is about a growing relation to a world in which omnipotence diminishes, depends on the child having had good-enough mothering:

The less this is so, the more difficult it will be for the baby to find-and-create a transitional object...If there is too much “false-self” there won’t be enough transitional phenomena, or symbolisation or object relationships. (Hayman, 1997, p. 32; ellipsis added)

Symbolic play can thus be seen to serve affective, cognitive and social functions in children’s development, to the extent that children’s play abilities have been linked to competence with peers, and, by inference, with the whole gamut of social relating (Connolly & Doyle, 1984, quoted in Tingley, 1994). Understimulation, maternal emotional unavailability and lack of responsiveness influence a child’s capacity to play, which in turn affects his/her social development. It follows, then, that when a child’s play is undermined, important developmental functions may not be served. When children of poor, depressed mothers are unable to engage in symbolic play, peer relations may be compromised, perhaps even during later life. The child who cannot play is handicapped in the developmental task of deciphering the world, and his/her position in it. The capacity to play is thus central to the ability to relate to the external world as a whole, and the stresses of poverty and oppression can severely hamper this important tool.

In summary, play occupies a “twilight zone” between the social context and the internal world, and it is here that the child begins to learn how to traverse these two realms. It is through play that the child feels free to express the forbidden, negotiates the unbearable (both internally, and in terms of



environmental deficits), and learns social skills. Klein, Wilson and Hayman have all intimated that humans engage in a constant and lifelong process of correlating internal and external domains, and that this is a central concept in mental health; perhaps the only “reality” that exists is the very individual one arrived at when such “cross-pollination” occurs. However, the possibility has also been raised that very deprived children will not be able to play, due to understimulation, and that this will further impede their emotional well-being, and their chances of forming positive relationships in the world.

#### **2.1.4 Attachment theory and developmental tasks**

Thus far, it has been postulated that the child engages in a process of object internalisation, in which play can perform a crucial role. In the following section, attachment behaviour will be considered in explanation of the way in which the quality of early relationships is internalised and becomes a working model for subsequent relating. Attachment theory, as defined by Bowlby (1969), and developed in a laboratory setting by Ainsworth (1978) and her colleagues, is important for this discussion in that it suggests that the model of our earliest relationship continuously influences our expectations for meeting the social world. The implication for community work is that when we aim only at changing the social context, we neglect entrenched intrapsychic patterns which hark back to the past and also need addressing for optimal benefit.

Some have claimed that attachment behaviour is a universal phenomenon, because it springs from a biological imperative, namely meeting the infant’s survival needs (Cassidy, 1999). The infant’s attachment relationship to the primary caregiver (in Western urban societies, most often the mother) emerges at between 9 and 18 months, a time when intense affect occurs, and cognitive structures, especially self-other differentiation, are crystalising (Leiderman, 1989). The nature of the attachment relationship is thought to be an index of maternal responsivity to the child’s physical and psychological needs: secure attachment develops when the primary caregiver shows sensitivity to the infant’s signals. The infant is then able to use the parent as a “secure base” from which s/he can explore and gain mastery over the environment without being overly preoccupied with the need to be close to the caregiver (Bowlby, 1969, 1973). This allows the child to become increasingly independent and confident in his/her abilities. Insecure or anxious attachment is classed as either avoidant or ambivalent. The infant who is uncertain of the mother’s presence or absence becomes apprehensive about the unknown, restricting his/her exploration. Thus attachment style can be said to have an important impact on a child’s capacity for intellectual curiosity, and subsequent cognitive development. It can be seen that, like early frustration, poor attachment may contribute to learning difficulties; in other words, to the child’s ability to take in the external world.



Attachment theory also focuses on the importance of the parent-child relationship as a prototype for later relationships. A positive correlation has been proposed between an infant's early experiences with the primary caregiver and later social competence with peers (Mueller & Silverman, 1989). This means that aspects of the social context are internalised early on, and become points of reference for later relating. Children whose early relationships are fraught due to maternal unavailability brought on by circumstances of poverty, for example, will form a sense of the world as a dangerous place. They may expect others to be untrustworthy, and struggle to form stable relationships, even when they are offered from reliable sources. On the other hand, "an infant who experiences a secure attachment relationship is thought to internalise a sense of others as available and of the self as worthy of attention and care" (Mueller & Silverman, 1989, p. 540). The implication here is that children define an initial sense of themselves in relationship, at a point when they are unable to think and are wholly reliant on the primary caregiver to mirror and contain them (Bion, 1962). This internalised relationship forms the basis of self-esteem and of all knowledge of the external world. The social context may improve subsequently, but the child, who is now becoming an adult with agency, may continue to meet the world based on internal convictions, rather than more objective, external references.

The child's "internal working model" of self, other, and relationships thus develops through the attachment relationship (Bowlby, 1969), and this schema has an enduring effect. Note that this inner representation is, like any internal object, a complex construct, and that it will be called forth by particular circumstances and events in the external world:

Relationship representations are the internalised relationships derived from experience that become part of the cognitive schemata of the individual. They reflect the enduring aspect of the cognitive structure that is called forth under appropriate contextual conditions. The relationship representation is thus an historical residue of a series of prior relationships. It is not merely the relationships reflected in any single interaction, since the behaviour in this circumstance is an amalgam of the contemporaneous setting and the historically derived relationship representations. (Leidermann, 1989, p. 178)

Ideally, a clear sense of differentiation and boundary between the self and others develops: the child may then approach later interaction with peers with the expectation that it will be enjoyable and that others will be responsive to him/her. Where boundaries are too permeable, unclear, or absent, relating to the external world becomes traumatic, as the child feels constantly invaded, depleted, or invisible, depending on external circumstances. Such a child becomes an adult who lacks a core sense of stable identity, a factor that has been linked to psychopathology (Kaplan & Sadock, 1998). Again, in terms of community work, it may be possible to improve social conditions, only to have mental health undermined by deep-seated deficits that have become a part of individual personality structure.



Furthermore, anxious attachment relationships are considered a risk factor for later problem behaviour in society (as further relationships are inhibited), although Leidermann (1989) pointed out that “in other cultural contexts similar behaviour may have different meanings” (p. 171). Ainsworth (1967) recorded the custom of continuous holding in her observations of infant-rearing practices in Uganda. In South Africa, Maiello (1998) noted the African custom of carrying babies on the front up to the age of three months, and on the back until well over the time they are able to walk, and speculated that this may contribute to a well-established and beneficial sense of bonding. Similarly, Ainsworth’s study showed, in a sample of 28 babies, that four out of five children rated as “non-attached” were never carried on their mothers’ backs, and had “little physical holding” (p.91). Barbarin and Richter (2001) saw an “African precocity” in achieving developmental milestones, thought to be linked to care practices including close physical and continuous social contact with the mother and other adults, as well as infant carrying in an upright position (p. 109). Studies have been done which show that different attachment styles predominate in different cultures, suggesting that ideas about what constitutes “normal” infant behaviour will vary between societies (Fuchs, 1976; Mayer, 1970, quoted in Leidermann, 1989). The socialisation process can always be said to occur in two worlds, that of the family, and of the systems surrounding it. In some societies, nonfamilial, peer and sibling involvement and multiple caregiving are more prominent. The inference is that in order to really understand “attachment behaviour” in both children and adults, mothering practices need to be studied across cultures.

Leidermann (1989) noted that relationship disturbance always involves regulatory functions. Initially the mother is responsible for the regulation of the infant’s biological functions; overregulation, underregulation, or asynchronous regulation can occur. Both underresponsive mothers and overwhelming mothers can be damaging. Deficits in behaviour regulation can be seen in high levels of aggression and opposition, even in very young children. Alternatively, children can appear fearful, withdrawn, and compliant. Regulation of behaviour, attention and emotion facilitates adaptation to the social environment and promotes strong social ties with others. To accomplish this, the child needs to strike a balance between the demands of his/her own egocentricity and the needs of others (Barbarin & Richter, 2001). Hence poor regulation at the start of life can have a long-lasting effect in the social sphere; children with poor attachment histories may struggle to self-regulate, and contribute to a society in which behavioural excess and emotional deficit become a feature, and perhaps a legacy.

Secure attachment can occur to secondary figures, and may well modify the impact of an insecure relationship with the mother (Ainsworth, Blehar, Waters, & Wall, 1978). Leidermann noted that such an additional attachment may be sufficient for adequate peer relationships to develop later on,



and tentatively concluded that “later social dysfunction might occur only if most or all early relationships are insecure” (p. 179). However, studies of relationships across generations also suggest the continuity over contexts of internalised representations (Ricks, 1985, quoted in Leidermann, 1989). This means that early intervention is preferable in attachment disorder, and that there will be an emphasis on relationship-building (Levy & Orlans, 2000). Berlin and Cassidy (1999) were more hopeful, and cited research suggesting that internalised relationship representations might undergo modification during development, both within the context of the shifting mother-infant relationship, and within later relationships. The implication for community work is that practitioner/client relationships have the potential to be key arenas for healing, and need to be attended to very carefully and in thoughtful ways.

In an American empirical study, Darwish, Esquivel, Houtz and Alfonso (2001) investigated whether maltreated preschoolers differ from non-maltreated children with regard to their social skills and play behaviours. All children in the sample were of low socioeconomic status. Maltreated children were found to have significantly poorer skill in initiating interactions with peers and maintaining self-control, as well as a greater number of problem behaviours. Total social skills score was positively related to interactive play, and negatively related to solitary play, suggesting that experience interacting with peers during play provides the child with important lessons about reciprocity, imitation, and competition, that are among the building blocks for social skills (Grusec & Lytton, 1988, cited in Darwish et al.) It was found, perhaps surprisingly, that maltreated children did not show developmental delays with regard to play activities, which the authors thought encouraging. The suggestion here is that play can remain a force for mental and, ultimately, “social” health, even under less than optimal child-rearing circumstances.

One can guess that there will be a link between attachment style and play, and that one might be able to deduce the nature of the earliest relationship by watching play. At the same time, play could contribute to the treatment of attachment disorder. Both of these assertions are potentially important in terms of observing and working with deprived children. Tingley (1994) cited several studies which have found that securely attached children are more likely than insecurely attached children to exercise their executive capacity in play, in other words, play more often at the highest level of which they are capable (Belsky, Garduque, & Hrcir, 1984; Slade, 1986, 1987). She contrasted her own empirical study of significant associations between early maternal sensitivity and later positive family themes in replica play (Mueller & Tingley, 1990) with a study by Hetherington, Cox, and Cox (1979), reporting “that the fantasy play of children in the period immediately following a divorce is limited and rigid in quality” (p. 287). She concluded that there is a role for care-takers in promoting high-quality play and in *providing social experiences* which influence the ways children tend to engage in symbolic play. She suggested that maternal participation in symbolic play can be



viewed as an opportunity for children to acquire a sense of relationships as satisfying and of themselves as worthy. Thus stresses in the social world restrict play function, but social relationships can have the power to rejuvenate this important developmental tool. The “playing” practitioner becomes a part of the child’s social world, albeit temporarily, and in some ways might be seen as providing substitute maternal functions under conditions which make it difficult for a child’s biological parents to meet his/her emotional needs.

The internalisation process is further demonstrated in the child’s developmental tasks. In the toddler, pre-school and school-age period, for example, the child needs to draw on internal models of first relationships in order to develop peer affiliation. Whereas the parent-infant relationship is one between unequals in which dependency is central, peer affiliation is a reciprocal relationship in which “play, teaching/learning, and psychological need regulation become the major focus of relationship activity” (Leiderman, 1989, p. 172). The child’s social task at this time is to understand the nature of reciprocity, sharing, impulse control, status differences, gender identity, and role structures. Erikson (1963) has expressed this phase as the synthesis of initiative and guilt in the development of purpose. Empathic intimacy is an important developmental achievement at this stage, paving the way for mature sexual and social relationships. Just as deficits in relating can occur in infancy, so peer relationship pathology can occur in individuals where familial relationships were adequate (Leidermann, 1989). Thus the environment can fail a child at several stages, with lasting effect for adult functioning. A thorough assessment of the stage at which attachment difficulties originated is therefore necessary to determine suitable treatment.

Leidermann noted that “Relationship pathology of the peer-affiliation phase takes the form of absent or inadequate sharing, absence of reciprocal turn-taking, excessive dominant or submissive behaviour – for example, bullying and scapegoating – and deficient skills for working in cooperative endeavours” (pp. 172-173). We can expect that individuals deficient in relationship skills will avoid group enterprise and may ultimately find themselves in adult dyadic relationships which meet pathological needs. As Levy and Orlans (2000) pointed out, attachment disorder is transmitted intergenerationally; children with disordered attachment are at risk for creating insecure foundations for their own children. Abuse, abandonment and neglect can be said to express Fraiberg’s “ghosts in the nursery” (1989). Unfortunately, there is a multifold increase with each generation in the number of children with attachment disorder (a “pyramid effect”) (Levy & Orlans, 2000, p. 10).

In conclusion, it appears as though early relationship provides a tenacious blueprint for a sense of self, future relating, and, ultimately, both the perception and construction of the social world. A society of predominantly insecurely attached individuals (which, it can be argued, South African



conditions may have produced) breeds mistrust and low self-esteem, perhaps even on national levels. The question arises whether an established internal working model can change over time, and also what might constitute appropriate and effective interventions around attachment disorder, especially in a community setting. Are we able to make a difference in children's lives by focusing on establishing a relationship with them at a critical time? What would this relationship look like, in the context of a community intervention? How would it be handicapped by our sociopolitical history, and in which ways would these issues become the very material one wants to work with, within the site offered by relationship?

### **2.1.5 Implications of psychoanalytic theory for therapy with disadvantaged children**

Thus far, play, attachment theory and developmental tasks have been examined through a psychoanalytic lens, with the intention of revealing ways in which the social context is internalised during childhood. The result of this process is an internal landscape that may bear little resemblance to its origins, but nevertheless holds a powerful influence over ways of perceiving and acting in the world. The next question for consideration is how the community practitioner may approach the child client by drawing on psychoanalytic technique. What are the points of access to this internal life (always bearing in mind that the aim is to work backwards, in a sense, to the points of origin)? In the next section, the authors propose firstly that interpretation, and, secondly, relationship, provide the psychodynamic portals for this kind of work.

#### **i) Interpretation**

Psychoanalytic theory maintains that any therapeutic intervention is a step into a very personal, very public, transitional realm, as described earlier, and that interventions with children involving art or play will crucially address this inner/outer balance (or imbalance). Through interpretation, psychoanalysis gives us the "language" with which to listen and talk in the transitional space. In a third world country with a traumatic sociopolitical history, psychodynamic thought may become a tool for a deeper understanding of internal objects, and their social antecedents. Both children's earliest experiences and relationships, and their current contexts, will be expressed in their play and their art. Psychodynamic work with poor children will need to access this information and comment on it, in ways originally described by Klein.

Klein (1932) noted that play analysis leads to the same results as the adult technique, but that the technical procedure is crucially adapted to the mind of the child. Paradoxically, perhaps, to what community psychologists might believe, she framed the work of child analysis as a strengthening of the child's *relation to reality*, and an increasing ability to distinguish the real from the make-



believe: “The analysis of the transference-situation and of the resistance, the removal of early infantile amnesia and of the effects of repression, as well as the uncovering of the primal scene – all these things play analysis does” (1932, p. 15). She pointed out that a single toy or single bit of play can have multiple meanings, and that play-elements need to be considered in terms both of their wider connections and of the analytic situation in which they are set – “the whole kaleidoscopic picture” (p. 8). This provides a very rich consideration of the child. Klein assumed that children arrive for therapy with anxiety and guilt (inhibition and resistance), which needs to be transcended via interpretation, so that deeper layers of the mind are brought into view. Hence child analysis uses play to communicate with the unconscious, and it is here that healing can occur.

Klein (1932) noted the ease with which children will accept interpretation, the pleasure they sometimes show in doing so, and the rapid effect of interpretation, even when it seems that the child has not taken it in consciously: “As the interpretation releases the energy which the child had to expend on maintaining repression, fresh interest in play is generated” (p. 9). She suggested that communication between the conscious and unconscious is as yet comparatively easy in a child’s mind: “In child-analysis we are able to get back to experiences and fixations which, in the analysis of adults, can often only be reconstructed, whereas the child shows them to us as immediate representations” (p. 9). Klein’s observations imply that play therapy can help us to identify and give permission for difficult or even traumatic early experiences, and that play therapists can talk to children in ways which might transcend external limitations, such as cultural and economic boundaries.

Scarlett (1994) maintained that “the treatment of young children depends less on therapists’ ability to interpret and more on their ability to play and develop play” (p. 48). He cited Winnicott, who maintained that all psychotherapy, even with adults, occurs in an area of “playing”, and “where playing is not possible, then the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play” (p. 49). In South Africa, the ability to play may well be retarded by external circumstances. By rejuvenating play, we stimulate the child’s natural means for organising and managing feelings, and provide a way to build a bond of affection (a further buffer for coping). Play is thus central to the child’s developing relation to the social world. When Scarlett said that it is “playing in the transference” which is useful to the child, he meant that the child has a way of dramatising that which is most disturbing to him/her in a safe relationship. He added a description by Clare Winnicott of her husband’s own enjoyment of this play (p. 60).

However, it must be noted that all psychodynamic interpretation of the unconscious draws on assumptions about Western babies’ experiences. In 1948, Bick introduced infant observation as a



training course for child psychotherapists at the Tavistock (Miller, Rustin, & Shuttleworth).  
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The study of babies and young children was thought to be revealing of human relationships in general. The observer takes on a stance of watching, but not interfering with, family interactions around the child, for a set period weekly (normally an hour), and for an extended time (6 months to a year). This practice is thought to provide the observer with an opportunity to encounter primitive emotional states in the infant, the family, and in his/her own response to this turbulent environment. Copley and Forryan (1987), among others, have proposed that baby observation helps us to understand all unconscious non-verbal communications, even in adult clients. Their case studies have illustrated the role of projective identification in the regulation of primitive anxieties, and the therapeutic use of the counter-transference in response. It could be argued that such careful studies of children born to disadvantaged circumstances are needed to assess the validity of psychodynamic concepts in South African community work.

Despite the fact that play provides us with a diagnostic tool and a treatment modality, play therapy has been under-utilised in community work. Infant observation is also in its foundational phase in South Africa (in that it is not used in the training of psychotherapists). Both of these models employ interpretation which, it will be posited, may be useful in facilitating real contact with the deeper elements of the disadvantaged South African child's psyche.

## **ii) Relationship**

There are many different understandings of relationship in the psychoanalytic view. Levenson (1983, quoted in Bateman and Holmes, 1995) emphasised the distorting elements of transference: "We see and experience what we expect to see, and transference is a resistance to understanding by repeating and rigidifying relationships" (p. 100). Rycroft (quoted in Jacobs, 1992) distinguished between the transference relationship and the analytical relationship, the latter incorporating elements that are about the analyst's actual personality. He concluded that transference is not the only therapeutic tool in psychoanalysis; part of the healing simply comes from being listened to. Rees (1995) examined the dialectic between holding and interpreting in Winnicott's psychotherapy, concluding that psychological holding occurs not only through interpretation (in fact, words may be inappropriate at particular moments in therapy). Holding involves understanding and containing the patient's deepest fears and, according to Winnicott, can even take the form of occasional physical holding of patients (Rees, 1995).

Psychoanalysis maintains that the subject may at times not know the cause of distress, but that this will be revealed in relating to the analyst (as in Freud's famous "Dora" case, 1905). Much information can be gleaned from counter-transference responses; that is, the analyst stays attuned to



feelings evoked by the work, using these as “clues”. Sometimes it is not enough to work with external events (of which speech could be said to be one). For example, Barrows (1999) discussed the theory behind psychodynamic work with children under five and their families, as part of a counseling service operating in the Tavistock’s local community-based clinic. He followed this with an extended clinical illustration. Citing Fraiberg (1989), he noted that even happy families, where love-bonds are strong, can be revisited by ghosts from the parents’ unremembered past. This has a detrimental effect on relating to the new child. Barrows pointed out that these parents had already received sound advice on behaviour management from primary healthcare professionals, but that this failed to resolve the problem. Psychoanalysis has shown us how to find the ghosts of the past, and in a country where Apartheid is a spectre about which it is painful to speak, this approach might be revealing.

Copley and Forryan (1987) documented case studies of work with children and young people by medical officers, social workers, nurses, teachers, and psychiatrists who have met at work discussion groups at the Tavistock. After Bion, it was concluded that the therapist’s role is to contain or tolerate mental pain, which is the emotional basis for thinking. It was proposed that this model would be useful in dealing with silent, controlling, hostile, and idealising children (which is often how deprived children present). The authors noted that while many mental health workers can benefit from using a psychodynamic approach in a variety of settings, it would not be appropriate in this sort of work to explore deeper levels of the unconscious. However, the relationship between worker and client remains a point of growth.

Also writing from the United Kingdom, Alvarez (1992) gave accounts of her work with autistic, borderline, deprived and abused children. In the following extract, she seems to suggest that the therapist can perhaps best touch the child’s external reality from within, by altering its reception in the internal world. By changing an internal landscape, we can change the impact of reality, and this could be said, in effect, to change the nature of that reality:

For children, the pathogenic past may be beyond our reach, not because it is over and done with, but precisely because it is not, that is, because it is continuing to do its damage in the present in the child’s outside life. We may be able to do a little to change these outside factors, but most often we cannot do enough. What we can try to do, however, is provide an opportunity for something new to happen within the child. (p. 4)

Alvarez goes on to say that it is the reliability and regularity of the setting and the firm structure of psychoanalytic technique which allow order and structure to begin to develop in the child’s mind. Boundaries become an important consideration in community work, especially because oppression and the circumstances of poverty involve boundary-violation. It has furthermore been suggested



that careful limit-setting is crucial in protecting the well-being of community health workers (Swartz & Gibson, 2001). Stellenbosch University <http://scholar.sun.ac.za>

Alvarez's writing implies that the strain and burden often involved in community work with children may be central to the treatment. She suggested it is neither therapeutic zeal nor a passionate belief in the power of psychoanalytic explanation which will cure, but a capacity to be disturbed enough to feel for the client, and to think with him/her. Especially in work with very deprived children, it is not a detached "analytic cleverness" which a psychodynamic approach offers, but the capacity to bear uncertainty and painful projections, and to attend acutely to the here-and-now: "The child has a desperate need to do to us what he feels was done to him; explanations of what caused the breakdown do not seem to help" (Alvarez, 1992, p. 5). Thus psychoanalysis might recommend an insistence on self-awareness, deep, receptive listening, and caution in a community approach to children.

Therapists and consultants both locally and internationally have documented feeling overwhelmed when working with severely deprived children (Copley & Forryan, 1987; Gibson, 1996). Psychoanalysis reminds us that much can be gained from offering a holding environment under these circumstances, instead of reassurance. Hoxter (1983), again writing from the Tavistock, noted that the therapist cannot be a substitute parent for the deprived child:

In one's own thinking one has to struggle to disentangle the certainty of the fact that the past is irreversible and the uncertainty of whether the damage caused is reparable or irreparable. Again and again the therapist and the child may together have to face the fact that the past cannot be 'put right'. (p. 131)

Hoxter goes on to suggest, perhaps more hopefully, that the past does not have to have an unshakable grip on the future, and this is precisely because an internalised representation of past events and relationships exists. It is with this more malleable phenomenon that the therapist works, and seeks in some ways to change: focusing upon the child's internalisation of experience leads to the complex view that the past is important only in so far as it continues to be alive within the child in his present life. We see this particularly in the emotions and phantasies which form the child's inner world and which impede his ability to respond to the present in a differentiated way, undisturbed by expectations derived from the past. (p. 131)

The therapist thus offers an opportunity for the child to operate from an altered working model of the world. Boston (1983a) noted that the severely deprived children, who find it difficult to communicate in words, typically make their therapists feel all the feelings that they themselves find intolerable. Technically, she suggested bringing the distorted image of the analyst into the open, which helps the child experience the analyst as a receptive and accepting person who can contain



the projection. She claimed, “It seems important to ‘survive’ with children whose inner parental figures may be felt to be so fragile and inadequate” (1983b, p.60).  
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In overview, Hoxter and Boston found that working with abandoned children has unique challenges and can quickly evoke despair in the therapist. They described long and arduous therapies in which the children struggled to trust, were devastated by therapeutic breaks, and needed to be approached with great care and sensitivity. They also highlighted instances of great tenacity and optimism; centrally, around the hope that the child puts into the new kind of relationship being forged with the therapist. These authors have written of work in the United Kingdom with children who struggle to adjust to foster homes, but the implication for South African children is clear: as long as they continue to relate to an internal representation laid down early in life, it does not really matter that their external circumstances may improve. Sociopolitical change is imperative, but psychologically, it is not enough.

There are important implications for South Africa more broadly in such a statement. Stein (1995), writing about the way in which South African life predisposes individuals to psychopathic personality traits, suggested that sociopolitical change in South Africa has resulted from a defensive psychopathic drive towards *external* change (thereby protecting the fiction of the psychopath’s own inherent merit). Unfortunately, the psychopath will continue to strive for a state of anarchy in order to maintain a sense of identity, and so the acceptance of change is lacking. Unconscious, internal relationships have remained unchanged, and it is these that require restructuring. It is in the existing pattern of defence against anxiety that change needs to occur and be tolerated. Then again, Lubbe (1995) cautioned that “changes in a society do not necessarily forecast changes in the individual. A society purged of its tyrannical forces still has to deal with traces of individual and group psychopathology” (p. 55).

In summary, the community practitioner who wishes to impact on the deprived child’s world may engage with play (which, it has been proposed, may be limited due to environmental deficits), and by means of interpreting unconscious symbols in the child’s behaviour. Secondly, s/he will work with the relationship which is invariably established in such an encounter. The practitioner can expect the full force of the transference, and, as Hoxter and Boston have suggested, one of the primary tasks here is to survive the force of projections, detoxify them, and return them when the client is more able to manage them. In this way, the therapist creates a different kind of external world in which the child has a part, and, it is proposed, which the child may then internalise. Stein (1995) has suggested that this kind of internal transformation is the only key to lasting social change.



## **2.2. A community psychology critique of the psychodynamic approach**

### **2.2.1 A definition of community psychology**

The origins of community psychology can be traced to developments in the United States during the 1960s and 1970s (Tlali, 2000). Traditional forms of psychotherapy were felt to lack social utility (Heller, Price, Reinhartz, Riger, & Wandersman, 1984, quoted in Tlali, 2000). There were insufficient resources to assist those in need, and the assessment and treatment of mental disorder was also deemed an inadequate response. This new perspective successfully altered mental health policy in the United States. Community mental health psychologists such as Rappaport emerged. In 1965, at a conference in Massachusetts, a change in the orientation of psychology, away from the treatment of disorder to its prevention, was advocated (Heller et al., 1984, quoted in Tlali, 2000). The ecological approach of community psychology was also discussed at this conference: it was strongly felt that the social and environmental impact on human behaviour should always be considered.

Writing in South Africa, Tlali (2000) claimed that the word “community”, as used in this discipline, “refers to the dialectical relationship between the social environment and its inhabitants” (p. 80). He quoted Tolan, Keys, Chertok, and Jansen (1990) in arguing that “Community psychology is interested in the person in context and context in persons” (p. 80). The implication is that not only the individual, but also the entire system is treated. Orford’s (1992) definition of community psychology is that it is “concerned with social change in our communities, the relationship between people and their environment, and the psychological well-being of people” (quoted in Tlali, 2000, p. 81). Rappaport (1984) very briefly defined community psychology as being oriented towards the social (quoted in Tlali, 2000, p. 81).

Today, community psychology principles in South Africa stringently advocate a programme of prevention, the democratisation of power, and the transformation of context (Caplan, 1964; Freeman, 1988, 1990; Orford, 1992; Rappaport, 1985; Seedat, Duncan, & Lazarus, 2001). The need to consider the social and political contexts of mental health problems, and the need for interventions designed with self-conscious political sensitivity have been suggested (Freeman & de Beer, 1992). Within this, there is an imperative to fundamentally reassess the South African psychologist’s traditional professional role, and to decentralise aspects of mental health care to front-line workers, including community health workers (Freeman, 1990; Swartz, 1998).



Since the 1960s, it has been important to write stringently about what community psychology entails, both in the interests of establishing a progressive psychology (Swartz, Gibson, & Swartz, 1990), and in order to differentiate it. In 1986, a paper published anonymously in South Africa's *Psychology in Society*, suggested that in counselling the "oppressed", the psychologist's main aim should be to "liberate them from inertia by means of practical strategies rather than to indulge in a game of reflecting feelings – a luxury which can be indulged in only by the affluent" (p. 86). Along these lines, Rappaport recommended that community work take a proactive stance, or a *seeking* mode of working, versus a reactive mode of waiting (1977, quoted in Orford, 1992). Community psychology has from the first been defined as antithetical to traditional psychologies.

While individual psychodynamic therapy can be said to be lacking in social utility, this paper will argue that it is erroneous to say that psychoanalysis sees problems as purely intrapsychic, as opposed to socially based. It will be shown that psychoanalysis also offers much more than a person-centred game of reflecting feelings.

There are, however, important differences between psychodynamic and community approaches, which need to be recognised. Community psychology sees the causes of psychopathology as largely rooted in social, economic and political inequalities. Crucially, community psychologists do not restrict the scope of their focus to those who suffer from established disorders: prevention is regarded as vital, especially in a context where psychological manpower is limited.

The concept of increasing personal and social resources (empowerment) is perhaps the "linchpin of community mental health" (Gibbs, 1992a, p. 5). In 1964, Caplan laid out three types of prevention (primary, secondary and tertiary), based on studies that had attempted to stop the development of emotional disorders in children. Briefly, primary prevention programmes aim at reducing the incidence of mental disorders of all types, secondary prevention is concerned with limiting the duration of a significant number of those disorders which do occur, and tertiary prevention targets the impairment which may result from disorders (Caplan, 1964, quoted in Orford, 1992). Gibbs (1992b) noted:

In practice, much of what is called secondary prevention is early identification and treatment of those already disturbed. As such, secondary prevention is a concept closer to traditional mental health notions than is primary prevention, although the methods of treatment may be far different from those of traditional psychotherapy. (p. 6)

Alongside a realistic focus on deficit, the concept of empowerment aims at the development of strengths, competencies and skills. Empowerment is seen as an individual, organisational, political, sociological, economic and spiritual construct (Rappaport, 1987, quoted in Tlali, 2000). In



intervention, skills are therefore imparted to various organs of civil society in the community, for example, churches, schools, families, and community structures and organisations. Ryan (1971) warned that individual interventions in a community setting run the risk of appearing to blame the individual – while s/he might be more appropriately seen as the victim of forces operating on a higher level (quoted in Orford, 1992). Instead, group and institutional work are advocated. This is also an important point of departure from the psychoanalytic approach to treatment, which restricts itself to individual work, or group work focusing on inter-relating, rather than skills-sharing. Community participation and involvement are advocated throughout the process of intervention, from needs assessment, to intervention recommendations and evaluation. Skills-sharing by professionals is seen as essential in counteracting dependency, and to this end consultation has been advocated as the preferred form of community intervention.

### **2.2.2 Implications of community psychology theory for therapy with disadvantaged children**

Below, it will be proposed that community psychology has been tailored to meet the needs of children for whom traditional therapy approaches are unlikely to be effective. As a result of keeping principles of empowerment and prevention in mind, particular formats have arisen which may at times seem anathema to psychodynamic ways of working. When examples of interventions are studied, however, it is found that psychodynamic ideas have implicitly been present in community work.

Several child and family characteristics are felt to be strongly related to therapy outcome, namely, the duration and severity of dysfunction in the child, parental involvement in treatment, two- versus one-parent families, parent cooperation, stable home life, absence of parental clinical dysfunction, and socioeconomic status (Kazdin, Siegel, & Bass, quoted in Culbertson, 1993). These become important considerations in working with disadvantaged children. Culbertson (1993) went on to say that when there are many indicators that traditional therapy approaches are not likely to work with a given child, our approach needs to be modified in order to make it more likely to be effective.

Community psychology has risen to this challenge. Mental health policy in South Africa sets out to improve children's chances by targeting the systems which surround them, from nuclear and extended families and the school (peers and teachers), to the broader community itself (Foster, Freeman, & Pillay, 1997). This means skills-sharing with the adults who beget, raise and care for children, as well as providing support for these adults in their own struggle against poverty and discrimination. Mental health policy has adopted a primary health care approach, which includes promoting mental health in vulnerable children (Foster, Freeman, & Pillay, 1997). Children at risk will therefore be identified, and a programme implemented whereby their own strengths and skills



are fostered. Tuma (quoted in Culbertson, 1993) stated that, alongside prevention, remediation in the community needs to be based on a child's functional level rather than on a legal or classification system. Dawes and Donald (2000) advocated several principles for community intervention with children, among them that interventions should have multiple levels (within different relationships) and be informed by a knowledge of developmental pathways and epochs. Earlier in this paper, it was asserted that children define themselves from birth in terms of their caregivers. This psychodynamic perspective seems to fit well with the community psychology idea that one can promote children's mental health by attending to their environments. Psychodynamic studies of children also offer valuable information as to what might be critical periods for a community-style intervention with children.

Gibbs (1992a) noted that perhaps the best example of secondary prevention is that of Cowen (1975) and colleagues; they have worked for years to identify children at risk in the school system, to provide intervention to prevent them from becoming further disturbed, and to show the effectiveness of their interventions. Richardson (1994) described that, from a community psychology perspective, work in schools is both educative (for example, about risk-taking behaviours) and strengthening (in dealing with environmental disadvantages), but pointed out that such programmes obviously do not address the needs of "marginalised" youth, who have already dropped out of school. The concept of working on site in communities, instead of in the bounded space of the consulting room, is strange to the psychoanalytic paradigm.

As a further example, Jones, Petersen and Carolissen (2000) described an intervention with preschoolers in Lavender Hill, which began with classroom observation, and a battery of developmental and projective tests, followed by parent training groups, a teachers' group, and therapeutic groups for aggressive children. The activities arranged for the children's group aimed to introduce the notion of rules and consequences, and to teach specific social and problem-solving skills, including anger management. In other words, positive mental health development was promoted more broadly than just in a treatment of childhood problems. The authors noted that they needed to adapt an American model which was too advanced developmentally to transfer directly to the children in the Lavender Hill community. Psychodynamic tools have found a useful application in this intervention: the principle of child observation was utilised as a starting point. Secondly, projective tests were used to elicit unconscious material which might enrich the needs assessment. Finally, group work, in which relationship is central, was employed. We can hypothesise that the children would have picked up implicit messages from each other, and the facilitators, in these meetings (Yalom, 1995).



A community psychology approach relies heavily on consultation, meaning that psychologists will typically provide services to children's caretakers, rather than the children themselves. These services look at ways to strengthen such workers, so that the community's resources are ultimately built up and dependence is avoided. It is also here that psychodynamic thought has recently begun to be applied, in an effort to understand the dynamics of an often fraught and complex relationship (Maw, 1996).

The social action model within community psychology furthermore maintains that empowerment of the underclasses within the existing socio-political order of society is called for (Seedat et al., 2001). New roles for psychologists are conceptualised as including elements of lobbying and advocacy in order to strengthen communities (Butchart & Seedat, 1990). For example, Duncan and Van Niekerk (2001) describe an intervention with pre-schoolers in which training child caregivers to be activists for children's rights and social change was a key aspect. This active role would probably have been considered a boundary transgression in traditional psychodynamic therapies in the past.

In this section, it has been shown that community psychology favours working with children's contexts, and strengthening existing skills. The consultation model and a group format are advocated. Psychologists may be called on to take on new kinds of roles within community work, and to work in environments which psychodynamic therapists might find unusual. Interwoven with the above examples, however, are psychodynamic concepts such as the importance of developmental epochs, the use of projective tests, therapeutic relationships, and child observation.

### **2.2.3 A community psychology critique of the psychodynamic approach**

Several writers have criticised psychoanalysis from an ideological perspective and have argued against its application in community work, with differing degrees of success (Anonymous, 1986; Dawes, 1994; Gibbs, 1992b; Lerner, 1972). Druiff (2001) offered a comprehensive review of the argument against psychodynamic therapy with the poor, including cost-efficacy, feminist and cross-cultural psychology critiques. In view of South Africa's history and sociopolitical reality, it has been necessary to guard against yet another colonial import with potentially oppressive effects. In a South African setting, a focus on the internal may provide a dangerous excuse for social atrocity. Psychodynamic theories have been criticised for foregrounding fantasy at the expense of reality, and at worst, for concealing children's suffering (the reality of child sexual abuse, for example, could be said to be obscured by Freud's seduction theory) (Miller, 1991).



Gibbs (1992b) summarised the psychodynamic approach as “mere talking”, “an essentially intellectual understanding of one’s problems”, and a view that sees “almost any expression of emotion, however socially inappropriate, as helpful” (p. 120). She maintained that psychodynamic therapies focus on childhood experiences rather than the current problem, and that they insist one take “personal responsibility for the ways in which one feels victimised by life” (p. 120). Her stance recalls Miller’s, namely that analysis disguises facts with “abstract, diversionary intellectual constructs” (1991, p. 42). Gibbs has the valid motive of addressing cultural difference and social reality, but, like Miller, seems to fail to grasp the more fundamental principles of psychoanalysis as laid out by Freud (1912b). It is in the transference that the past and the present, the real and the imagined, meet. The resulting therapy is a painful process of re-experiencing the past (there can be no healing without emotional insight). A struggle between understanding these hurts “in the light of their psychical value” and seeking to act out by means of destructive deeds in the *social realm*, results (Freud, 1912b, p. 108). Freud did not for a moment advocate amnesia or rationalisation (on the contrary, he classified the latter as an immature defence mechanism). He saw that our lives are filled with psychic battles; no amount of social reconstruction and development will erase this phenomenon.

Sinason (2001) pointed out that focusing on the internal narrative in clinical settings can deny the way the historic external reality is being replayed in the room: “In other words, if you cannot bear to feel in the transference and counter-transference the existence of external as well as internal life trauma, there is always the plausible defence of staying with the internal narrative” (p. 6). Elsewhere, she has described her own difficulty in facing the hurt experienced by physically and sexually abused children, and suggested the necessity of recognising one’s own helplessness in preventing such occurrences (1991). The use of psychodynamically-oriented supervision in community work becomes important, because it assists the therapist or consultant with the process of self-reflexivity. As in Sinason’s case, the therapist’s emotional responses and her actions need to be considered, partly in order to understand what this tells her about her clients, and partly to prevent her own acting out in the face of tremendous hardship. Burn-out is a real threat in work where deprivation precludes reverie, and a supervision which offers containment is necessary to strengthen and support the practitioner (Gibson, 2000; Maw, 1996).

It must be noted that models of motherhood proposed by writers such as Winnicott may not always be applicable in community settings. In the intervention described below in Section 3, it became important not to assume that there had been a deficit in maternal holding, but to consider the evidence (such as false-self organisation) for this. Berg (2001) poignantly described a failed South African parent-infant psychotherapy in which “bonding” was prescribed, based on attachment theory. The author felt that she insufficiently grasped the dyad’s cultural isolation, which tragically



ended in infanticide: “What are the right questions? The right kind of questions are more likely to arise out of a real knowledge and understanding of the cultural background of the mother-infant dyad” (p. 38).  
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Furthermore, it must be conceded that there *are* differences between working psychodynamically with middle-class clients and the poor in a cross-cultural South African setting. Community psychology literature has addressed the issue of appropriate services extensively, in a quest that is still very much underway (Orford, 1992; Seedat et al., 2001). Little of what has been written internationally seems relevant to the overwhelming need and very specific circumstances of the South African poor. Even psychiatric diagnosis and psychodynamic formulation, stalwarts of the psychology trade, become problematic (L. Swartz, 1998; S. Swartz, 1999). As Maw (1996) has indicated, our task is almost a revision of the wheel, if not a reinvention of it. Swartz and Gibson (2001) stated the challenge South African psychologists face as no less than “the challenge of introducing new ways of thinking” (p. 48).

The appropriateness and practical relevance of psychoanalytic knowledge for the understanding of South African social processes has also been questioned. In 1993, Gibson maintained that society and individual psychology are two different objects of study; the inter-relationships between social and intrapsychic factors are complex, and social phenomena cannot, perhaps, be wholly explained by psychoanalytic theory [as, she notes, writers such as Van Zyl (1990) have attempted to do]. One can understand exception being taken to an account of Apartheid society as agents without superegos, groups without leaders, and a general inability to resolve Oedipal feelings. Added to this, Swartz and Levett (1990) pointed out that it is dangerous to assume that if something is wrong within a society, this will be reflected in the psychopathological make-up of its individual members: “The phenomenon of oppression is primarily social and mediated through groups, and we have ample evidence that the consequences of this phenomenon are most obvious at a group level as well” (p. 279). In other words, an intrapsychic focus can quickly scapegoat the individual where the problem is actually a social one.

In conclusion, the majority of South African clients contend with a harsh social context, which cannot be ignored. Psychodynamic therapy has been criticised variously as being too emotional, too intellectual, impractical and exclusionary for this purpose. While some of these criticisms seem to misrepresent the paradigm, it must be conceded that the application of psychodynamic thought still has to undergo the permutations necessitated by working cross-culturally in a community context.



## 2.2.4 Problems with a community psychology approach

Below, a community psychology approach will be critiqued, largely in terms of the assumptions underlying it. Psychodynamic thought is posited as one way in which to give complex issues their due. Furthermore, it is argued that the complexity which a depth psychology lends community work could potentially help to produce a rich needs assessment.

Seedat, Cloete, & Shochet (1988) have argued that community psychology has failed to develop a theory that underpins the interface between the individual and society. Furthermore, Swartz (1991) pointed out: "If Africans are consistently spoken of as 'victims' of pressure, this tends to lead discussion away from the possibility of their own role as agents in their psychopathology, but also, ultimately, by implication, in their lives" (p. 244). While the new field of "developmental victimology" opens up in the United States (Finkelhor, 1995), Swartz and Levett (1990) have wondered how useful it really is to consider South African children as victims rather than as active social beings. They illustrated how the view of children as corrupted innocents has been used in the service of racism. Even the language of psychopathology, which might label a child's unhappiness in the face of abuse as a pseudo-disease, needs to be examined. In sum, these authors have said that "people interested in the question of what is best for South Africa's children cannot afford uncritically to reproduce just one or other image of childhood" (p. 280). Useful as psychoanalytic, medical and social models of response may be, each puts forward a particular conception of children. It is important, in the South African setting, to consider to what each blinds us in so doing. Similarly, in 1990, Butchart and Seedat warned against the victim-rescuer dynamic between "community" (a loaded and contentious term) and "expert", in which personal responsibility for the perpetuation of one's situation is abnegated. These writers show how individual agency can be obliterated *both* by the discourse of domination and by the paradoxes inherent in a liberation discourse. "Saving the day", essentially, does not do anyone any favours. Furthermore, the question arises whether individuals are actually identified with the geographical communities to which we would like to confine them, or whether our use of the word "community" simply legitimises inequalities (Seedat et al., 2001). At times, interventions have thrown up more divisions than initially anticipated (Sterling, 2002).

Swartz (1991) suggested that a focus on the external might indicate a subtle form of racism and self-protection against "the other". He cited doctoral research in which he studied the type of talk used by psychiatric registrars to describe the probable aetiological agents in the psychopathology of hypothetical patients of different races, with the same symptom profile. He noted that talk of stressors (most prevalent in describing the black patients) submerges talk of internal dynamics, and



allows one “to contemplate a mode of understanding African patients which does not require a deep empathy with them” (p. 244). As long as we focus on stressors, we do not have to delve deeply into the internal world of black patients. Swartz also pointed out that the premise that every psychiatric patient wishes for or would be helped by social or political activism is not empirically tested, and is possibly patronising (1991, quoted in Druiff, 2001, p. 20).

Family response has been said to mediate trauma in the stress model, but this is not as straightforward as it sounds. Gibson (1993) pointed out that this interactionist viewpoint occludes the consideration that fantasy structures, rivalry, and Oedipal guilt may all stand in the way of family support. Furthermore, poverty and discrimination set up cycles across generations in which increased mortality, mood disturbances, academic underachievement, aggression, premature sexuality and childbearing, substance abuse, delinquency, underemployment, high rates of divorce, and instability of family life abound (Barbarin & Richter, 2001). South Africa continues to struggle with the unequal distribution of social and health services. What kinds of mothers, or indeed families, is such a society capable of producing? It is easy to see, for example, how a young, malnourished mother, suffering prolonged and severe stress, may struggle to provide the “good-enough” care of which Winnicott speaks (see for example Berg, 2001). Such a mother may have internalised objects that will be resistant to purely social change.

In the face of limited resources and a focus on grassroots change, long-term therapy has been discouraged in community work (Druiff, 2001). Consultation programmes are seen as a temporary measure for catalysing change, not a permanent institution. However, the psychological effects of any given intervention also need to be considered, and from a psychodynamic perspective, these are thought to be complex and extensive. For example, Laor (2001) cited Mann (1973) in a discussion of the relation between the characteristics of short-term intervention and the therapeutic process:

All short-term psychotherapies...bring about a present-time revival of the universal conflict between the infantile experience of time, i.e. time as being unlimited...and the adult experience of time, i.e. personal time as limited, finite, bounded and related to boundaries, limitations, and death. (p. 513; ellipses added)

Both the client’s and the therapist’s inner worlds, she suggested, are influenced by the unique quality of short-term interventions, both in the setting and the structure. The therapist needs of necessity to choose a focus, and to be active in maintaining that focus. The analytic setting remains the expression of the containing function, regardless of the duration of the intervention. Laor cited Etchegoyen (1991), who emphasised that the archaic part of the personality, which parallels the preverbal phase of the first months of life and is related to psychotic aspects of the personality, is



expressed through non-verbal communication channels, and particularly through the client's relation to the setting (p. 514). Stellenbosch University <http://scholar.sun.ac.za>

There is very little sense of poor children's internal worlds in the literature, for complex reasons. In part, there may be a bias by psychology in general against data involving the poor (Seedat, 1998). Another factor to take into account is that it is extremely painful to consider the internal worlds of children deprived by circumstances beyond their control. While South African accounts exist of psychometric testing with disadvantaged children, and consultation with children's caregivers, there is a sense in which the children themselves are, perhaps unconsciously, kept at arm's length. It is difficult to get a real sense of their internal worlds:

We have...no research that gathers children's dreams, expressive behaviour and acting out, stories, drawings and other forms of art, and which systematically uses and interprets play and psychodrama. We still know very little about how Apartheid's psychological turbulence and disruption distorted children's relationships with adults and thus distorted the formation of a benign superego and ego ideal. We are almost totally ignorant of how sado-masochistic sublimations and introjections were managed (Bloom, 1996, p. 59; ellipsis added).

An important first step in the synthesis between paradigms, and one shared by the concepts of "needs assessment" and "clinical assessment", is to journey respectfully into the internal lives of socially deprived children. Below, three different attempts at gaining insight into this area are briefly reviewed, in terms of their use of psychodynamic thought.

Recent research, such as Weyers and Reitsema's exploration of squatter settlement children's perceptions (2001), demonstrated that much can be missed if we take things at face value. The authors used a self-survey technique on 15 children in the poverty-stricken settlement of Sonderwater, and concluded that a third of the respondents felt they were middle class, because the children had reported this to be so. Similarly, "a need to feel wanted by those we live with" was reported as a low priority (50%), while "a need for a bigger police presence in Sonderwater" was expressed as a very high priority (90%). The authors wished to conclude that concepts such as poverty and the need for love are relative, and recommended self-report as a way to ascertain felt needs, in adults as well as children. What these writers have not taken into account is that a desire for more police presence can represent a damaged and terrifying internal world, as much as an external one. The police may become a symbol for an unconscious need for order, structure, and holding.

Roos, Prinsloo and van Niekerk (2001) have used "action research" in developing an inter-disciplinary context to promote the optimal development of homeless children, meaning that they



observed the development of their process closely and introduced changes where necessary. The researchers used music to reinforce psychological constructs, in other words, to make them more concrete. They noted that the children seemed to develop a sense of belonging to their milieu, and that they were able to participate in the creation of a context that promoted optimal development. A psychodynamic exploration of *why* “they were able to change their positions and relate differently to people and themselves” (p. 88) might have been revealing. For example, Gibson (1986) demonstrated how psychodynamic thought can highlight more subtle manifestations of children’s distress: she pinpointed an identification with the aggressor in one of the drawings done by her child client, and noted that this is a defence mechanism intended to ward off the anxiety associated with a threat to the self from others.

In the above section, the authors have touched on the complexity of such concepts as personal agency, liberation, community, stress mediation, and childhood, within the South African setting. Psychodynamic thought assists in the analysis of paradox and ambiguity in human behaviour; the implicit consequences of our chosen interventions and modes of representation also warrant consideration. The point has been made from the start of this paper that South African literature lacks detailed accounts of the internal life of particular children living in conditions of poverty. It has been suggested that depth psychology has a great deal to offer the needs assessment process, because of its interest in reading beneath surface meanings.

## **2.3 Is a community psychology approach compatible with a psychodynamic approach?**

### **2.3.1 A synthesis: Stressing the internal**

It will be argued that the possibility for synthesis between community psychology and psychodynamic paradigms exists. Under this and the following headings, the possible contributions of each to such a meeting will be reviewed. The over-simplification of equating psychodynamic thought purely with the intrapsychic, and community psychology only with the social, will be demonstrated.

Psychoanalysis has suggested that internal states can hold as great a sway as anything external; they represent an “unreal reality”, to use a phrase employed by both Freud (1908) and Klein (1930). Because the inner world is seen as equally important in the life of the individual as material reality, psychoanalysis has been thought to emphasise the internal. The explication above of object relating, play, attachment theory and development has shown, however, that there is in fact a continuous, reciprocal and complex relationship between internal and external worlds. While these two worlds are not equivocal, we might see them, with humorous deference to Freud, as familial bedfellows.



Bloom (1996) expressed this view when he said that “the essential aim of psychoanalysis is to understand the psychic in relation to the drives *as well as the social world*, and the conscious and unconscious influences that give people their individual identities and their personal techniques for making sense of their world” (p. 59; emphasis added). It is proposed that any intervention at “community” level which fails to take the reality of internal life into account will be at risk of failure, but equally, that it is impossible (and has never been the aim of psychonalysis) to ignore the social world. Mitchell (1988) has highlighted the relational concepts embedded in the work of Klein, Bowlby, Winnicott and others and concluded that “mind has been redefined from a set of predetermined structures emerging from inside an individual organism to transactional patterns and internal structures derived from an interactive, interpersonal field” (p. 17).

The complexity of the interplay between internal and external worlds is repeatedly being demonstrated. For example, Stern’s (1985) work describing RIGS (patterns of interaction remembered by the infant) demonstrated that attachment theory could be observed in practice: RIGS are composed of a collection of memories, rather than a single incident. In any one behaviour, the child may respond to this internal schema, set up by early experiences, rather than to the quality of the current context.

On the other hand, the child may find a way to utilise problematic early experiences. This kind of recovery and adjustment is an aspect of development sometimes referred to as “plasticity” (Barbarin & Richter, 2001). For example, Kruger and Wolf (1994) described a longitudinal study in which an inhibited child transcended her mother’s unconscious manipulation of her by the age of 8, concluding that this problematic caretaking environment was ultimately an adaptive one. Citing an optimistic Sameroff, they pointed out that there might be a “self-righting tendency in the organism, which will usually ensure a positive developmental outcome” (p. 282).

An important exception to this rule occurs, however, when environmental forces *present throughout development* prevent this tendency from operating. In the South African setting, the parental battle against poverty, a sense of disempowerment which may lead to various forms of abuse, and poor education regarding child-rearing practices, could create an environment which consistently produces “rigid, stereotypical and concrete thought and behaviour” (Kruger & Wolf, 1994, p. 282), making the child’s self-correction impossible. Sameroff seemed to suggest, as Milne’s (1995) work with a street child has shown, that it is in children’s nature to slip through even the smallest window of opportunity in the process of adaptation. However, it may be that the chronic caretaking deficits occasioned by poverty defeat children’s self-righting tendencies.



What psychoanalysis does offer, in terms of internal focus, is an explication of the way unconscious processes work, and the need for clinicians, in all fields, to pay attention to transference effects. Freud discovered, in his clinical work, that the patient's unconscious is in constant communion with that of the analyst. Ivey (1999) explained that "If the patient's unconscious communications find indirect expression in our experience, it means we should concern ourselves as much with the nature and quality of our self-relating as with our inter-relating" (p. 13). The patient/client casts us in the role of a past significant other, and, even if we remain self-aware, may unconsciously cause us to enact past hurts and disappointments. One can see that awareness will become a linchpin for therapy in a politically fraught context. As the transference is active in all relating, we might say that no communication only occurs between two people in the present. Psychoanalysis thus holds that there is no such thing as a demarcated, "unpsychological" social sphere.

Psychoanalysis maintains that we are born into a state of phantasy, from which we slowly discern ourselves and external objects (perhaps our first developmental task). Environmental failure in this process can result in problematic relations between the internal and external worlds. The internal world, it must be realised, may be more prominent and less defined in childhood, but continues to influence us throughout the lifespan. For example, attachment theory teaches us that children can be seen to communicate a great deal about their early experiences in *relationship* to others, whether it is to a therapeutic adult, to another child, or to a particular setting about which they have unspoken expectations. Therefore it seems important, in working with poor children, to pay particular attention to the ways in which they relate to each other, and to the therapist/consultant/teacher. For that matter, all relationships between role-players in a community intervention should be considered in depth. The psychodynamic practitioner will concentrate on how poor children (and relevant adults) use defence mechanisms such as a retreat to fantasy, projective identification, and omnipotence – and think about what this says about the current social context.

Like community psychology, psychodynamic thought draws on the idea that external influences play a role in regulating internal life. Anna Freud sought to link children's responses to conflict with the reactions and availability of their primary caretakers (Freud & Burlingham, 1943). Beyond the usefulness of such psychological mechanisms as fantasy-making, the physical and emotional presence of parents proved to be central in containing and protecting children from the long-term psychological consequences of trauma (Bowlby, 1979; Winnicott, 1946). Gibson (1993) extended this principle to include the support of organisational involvement, and wider social networks. Dawes (1987) and Gibson (1989) have considered the ways in which these factors add to the resilience of South African children in their psychological response to various forms of violence and repression (via intervention with the cognitive process of appraisal): they may, as a consequence of this, be less inclined to act violently in turn.



Problematic social conditions cannot be ignored in the explication of an internal reality, and yet, as psychologists, an understanding of the power of the internal world is the very thing we have to offer. Maw (1996) insisted that psychologists have specialist knowledge, and challenged Miller's concept of "giving psychology away" (quoted in Orford, 1992, p. 138). The latter concept implies that psychologists can, by a process of empowerment and skills-sharing, make themselves redundant. Psychologists hypothesise that the material world may shape personality, symptomatology, and defence structures. They might maintain that it is a chaotic *internal* world that the individual responds to when he steals, beats his wife and rapes his children, is suicidal or homicidal – an internal world, but with social antecedents (Wilson, 1993). Two of the things the psychodynamic practitioner offers are a theory with which to read this process, and a technique for expressing it to the client.

In conclusion, the link between the inner and outer worlds has been posited as an important interface at which psychological intervention could occur. Leidermann (1989) stated:

Despite excellent theoretical models to point the way for the study of internal representations and manifest behaviour, empirical evidence to capture the dynamic flux between the two domains in specific contexts remains elusive. Both internal representations and manifest behaviour are influenced by cognitive and physical development as well as setting. The integration of these psychological domains remains a frontier for future research. (p. 190)

Leidermann has suggested that there is a need for more data recording the ways in which internal life and social context interrelate. In terms of community work, this may imply more detailed case studies, in which a psychodynamic perspective could prove useful.

### **2.3.2 A synthesis: Stressing the external**

We come into the world and into psychoanalysis full of horrid feelings, and the task of the parent, therapist, group, or political movement is not to pretend that they are not there or to provide a corrective emotional experience, but to feel with them, to suffer the truth, to contain and detoxify them and to move from love and hate to knowledge. (Young, p.1, 1999)

Here Young has made a satisfying link between the internal and social worlds, and noticed *both* a social and a psychoanalytic insistence on a harsh reality. There is an obvious need to transform external conditions in South Africa, and so it is not sufficient to do individual psychodynamic therapy in poor communities. In the process of transformation, the community psychologist is urged to mobilise human resources in ways that are empowering. It seems, however, that empowerment might also entail the task of dealing with the considerable force of intrapsychic factors. Self-



knowledge gives us power, in a way that cossetting our victimhood does not, and seems a crucial first step towards any kind of change. Once again, it is dangerous to divorce the external from inner life. The question remains then how such a synthesis can happen.

Maw (1996) cited Gibbs (1992b) as arguing, in what seems an over-simplification, that “psychodynamic psychotherapy can be adapted to the community model by attributing the cause of the problem to external forces, but the solution of the problem to the individual” (p. 29). Gibson (1996) made the valuable point that our internal responses can interfere with our capacity to deal effectively or realistically with the external. This means that we cannot wait till the requisite social change has occurred before we offer the poor a reflective space.

Rappaport (1981), Watts (1993) and Freeman (1993) (quoted in Richardson, 1994) have further cautioned against a move away from an intrapsychic focus in community work: “The failure to attend to both the community and the individual, results in a one-sided approach to problems which are, it could be argued, dialectical in nature. One-sidedness precludes the creation of divergent solutions and results in interventions which are likely to be ineffective” (Rappaport, 1981, quoted in Richardson, 1994, p. 16).

Internationally, we have begun to see “community psychology principles” happily married with psychodynamic thought in practical and beneficial ways: the European Commission’s “action programmes” recognise that the achievement of mental health is a lifelong pursuit, and underscore the importance of creating optimal conditions for psychological health and development. The Association for Infant Mental Health, writing from the Tavistock, stated:

Mental Health promotion implies the creation of individual, social and environmental conditions which enable optimal psychological and psychophysiological development...therefore, mental health promotion with young children *involves interventions to improve child-rearing conditions* (including activities aimed at improving socio-political policies and public awareness) as well as clinical and educational methods to help children, parents and caregivers. (Marrone, 1998, p. 5; emphasis added)

In the same newsletter, Hoghugi pointed out that, despite the fact that extensive and complex social organisation exists to cater for children and family difficulties, “these problems seem to be getting worse, because little is done to alter fundamentally the lot of the most disadvantaged. Help is fragmented between health, education and social services. Parents are often marginalised to the position of onlookers of their children’s management, particularly in health services” (p. 7). Written in the United Kingdom, these “psychodynamic” reports remind us both that “good-enough” parenting is essential in buffering the effects of poverty, and that psychologists need to be skills-



sharers in the process of their work (a process which, perhaps, implicitly extends beyond community practice). Stellenbosch University <http://scholar.sun.ac.za>

There are, of course, specific reasons why a consideration of psychodynamic theory in the field of community psychology is only possible now. It could be argued that psychodynamic thought in community work is a neglected aspect, rather than an antithetical one. In 2000, Gibson and Swartz produced a summary of the path progressive psychology had come (a long walk to freedom?), from an initial politicisation of psychologists, to responding to urgent requests for practically focused crisis intervention. However, the authors noted that organisations tended to use their ideas for short periods only, before reverting to old patterns and ways of thinking:

It began to seem that the transmission of knowledge, in the way that we had understood it, was not sufficient to bring about the resilience and increasing organisational effectiveness we had envisaged. Instead, we witnessed a process which seemed to be less about the suitability of the content of our training workshops and, in retrospect not surprisingly, more about complicated power dynamics, resistance to change and emotional misunderstanding. As the resolution of the political crisis allowed us a more reflective work-space, we began to explore the powerful emotional dynamics affecting the consultation and training process. It became increasingly clear that these dynamics could not be treated as impediments to the work, but needed to be acknowledged as the very substance of the work itself. (pp. 137-138)

Perhaps the time is simply ripe to ask how we can utilise a hundred years of psychoanalytic thought to refine a truly South African psychology, one which is able to take a harsh social context, in all its guises and presentations, into account. One is reminded of Freud's tremendous discovery that "transference, which seems ordained to be the greatest obstacle to psychoanalysis, becomes its most powerful ally" (1905, p. 117). Freud added the proviso that the analyst needs to detect the transference and explain it to the patient. It will be argued that, likewise, it is crucial to use interpretation in the process of community work, albeit cautiously, and with an eye on context, as originally described by Klein (1932) (see Section 2.1.6).

Above, it has been argued that psychodynamic and community psychology paradigms each bring a particular emphasis to any intervention, but that neither can be said to represent either an internal or external focus only. Below, this issue will be taken further in a discussion of the similarities between the paradigms. It will be suggested that the commonly assumed dichotomy between them is, in effect, false.



### 2.3.3 A false dichotomy

It is important to ask whether, putting formative periods aside, the divide between depth psychologies and community work has in reality been that wide. There is a widespread misconception that psychoanalysis represents only the internal and the individual, and is somehow a polar opposite of the systemic approach (Culbertson, 1993). It is not only community psychology that recognises the importance of a preventative approach; nor should we make the mistake of thinking that a psychodynamic approach occludes interest in the child's sociopolitical world. Rappaport coined the term "ecological fit" to describe the interaction between individual and environment (1977, quoted in Gibbs, 1992a, p. 4). Gibbs concluded: "Thus, pathologies are not simply caused by either intrapsychic or social factors, but by a failure of 'fit' between individual and community that can be corrected by attention to either individual or community factors, or both" (p. 4). Both realms and the continuous interaction between them need to be acknowledged.

Psychoanalysis has sometimes been most criticised by those who have not read its works, and who have therefore failed to notice its diversification over time (Mitchell, 1988). As has been shown, its core tenets embrace the prominence of social context in personality development. Nowadays, transactional, interpersonal, intersubjective, feminist and social constructionist theories have also repositioned the subject towards the social. One common criticism of psychoanalytic thought, that it is still somehow "elitist", may in fact be less a product of its inherent nature, than of a bias against the poor ("community psychology for the community"). Its incipient purism can be seen as part of a past definitional process, much as it has been important to write about what community psychology is not. In effect, psychoanalytic thought can show us both how things are internally for our clients, and give pointers as to why this should be; in other words, keys to the *external world*.

Early environments have been important to psychoanalysts from the first. Winnicott, as a psychoanalyst and paediatrician, extended Klein's work by balancing and linking the idea of internal reality with a recognition of the importance of early environments. Winnicott (1960) has gone as far as to say that "there is no such thing as an infant", by which he meant that there is no such thing as an infant separate from the mother, or entirely differentiated from the holding maternal environment (quoted in Rees, 1995, p. 22). Bion's work also examines environmental impact, albeit in different ways. Relational, ecological and transactional frameworks all hold that the child is indivisible from its milieu.

Community psychology and psychoanalysis share the view that childhood is a significant factor in shaping adult life, and in the development of society as a whole. Developmental theory suggests



that early intervention with children could counteract the effects of harsh early environments; for a post-Apartheid South Africa, this could mean that investing in the mental health of the youth may contribute to building a healthier society in general.

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In 1996 Gibson observed that the divide between individual intra-psychic and externally oriented community psychologies is in fact an artificial one (just as, it has been argued, internal and external worlds are indivisible). She conceded that it is particularly difficult to recognise intra-psychic processes in community work, perhaps because situations occur which cast doubt on the plausibility of intra-psychic explanations. She also highlighted a defensive need to dissociate from the emotional impact of working with extremely traumatised groups, to which she attributed an attrition in the capacity for emotional self-reflection on the part of community psychologists. Community psychologists, then, may have been veering away from an important self-awareness for unconscious reasons. Sinason (2001) pointed out that the extreme nature of the suffering in this client group and the lack of external resources, whether legal, societal, economic or clinical, are endemic areas of stress for South African community psychology practitioners. Burn-out and secondary traumatisation are common. Sklar (2001) used the metaphor of the mental health worker being too long at the edge of the battle, and suggested that psychodynamic observation of oneself and the other is useful to “make a space within the war”. Punamaki (1989) pointed out that psychologists’ capacity for internal reflection may for a long time have felt secondary in the face of the urgency commanded by external conditions and, importantly, their own moral and political position within these (quoted in Gibson, 1996).

It has been argued that a study of society and a study of the individual are very different things, and that we are not to confuse the application of psychodynamic ideas to broader cultural phenomena with psychodynamic therapy as practised in the clinical setting. However, it is in considering phenomena like Apartheid and violence that we see the way in which the social and individual are enmeshed. Richardson (1994) cited Freeman (1993) and Germond (1988) when asserting that any attempt at understanding the South African psyche needs to incorporate Apartheid in some way. She claimed that “whilst society can become part of the individual, the laws of society cannot be reduced to the psychological” (p. 16). Obviously, the social context has its own impact – but it may also be argued that Apartheid is in itself the product of a very primitive aspect of the psyche (Lubbe, 1995; Maiello, 2001; Young, 1993).

Recently, social groups and institutions have increasingly been examined as having an “inner life” (Halton, 1994; Menzies Lyth, 1959; Obholzer, 1997; Sher, 2002), and group and institutional observation courses are being offered at the Tavistock alongside infant observation. Young (1993) pointed out that treatises on racism are full of very primitive, Kleinian language, and extracted a list



of terms stressing the projection of intrapsychic phenomena into the political. For example, “foreign bodies” and “contaminants” suggest diseased or malignant internal objects (p. 9). Is there anything in the human realm that is not psychological?

It is psychoanalysis, Hayes (2002) maintained, which can serve to remind us that not only is the personal political, but the political is also undeniably personal. Gobodo-Madikizela (1996) examined an incident of crowd violence during the politically turbulent 1980s to demonstrate how the group context activates aspects of the unconscious. She used the ideas of Freud, Klein, Jacques and Bion in a discussion of deindividuation, and the way in which groups function as a defence against primitive anxieties. She was able to link the intrapsychic with social reality by noticing the importance of a metaphor (the necklacing concerned occurred in the light of the only streetlamp in the township): “She died under the official glare of a repressive system. This was true both figuratively and literally” (p. 17).

Both community psychology and psychoanalytic psychotherapy have responded to the needs of changing times, and it seems crucial to continue keeping the spirit of innovation alive as we develop a uniquely South African psychology. Maw (1996) asserted that “it may be that an Afro-centric, or more specifically a South African centred psychology is recognisable and identifiable by its community psychology orientation, with an emphasis on processes involving *the teaching, sharing and co-reconstruction and invention of psychological skills within a specific context*” (p. 21; emphasis added).

In this section, it has been suggested that psychodynamic and community psychologies are more closely related than they are perhaps commonly thought to be. Psychoanalysis can no longer be narrowly defined, and community psychology has noted that while the intrapsychic is a complicated and painful phenomenon to contemplate in community work, it is nonetheless a necessary consideration. It has been argued that both paradigms are interested in prevention by means of early intervention, and that both have found ways to think about the fit between the individual and society. In conclusion, the necessity for the continuing evolution of these frameworks in order to serve a new South African psychology has been stated.

#### **2.3.4 Theoretical possibilities for synthesis**

At this point, a consideration of the direction such an evolution might take is presented. The authors embrace a psychodynamic perspective in arguing for a particular spirit and approach in community work. Centrally, it will be suggested that the role of relationship and interpretation in



psychodynamic therapy can be extended for use in community interventions. At the same time, particular dilemmas and considerations raised by the nature of community work will be noted.

How can the community psychologist create a therapeutic environment that counteracts or mediates a harsh social context? Bloom (1996) has said:

The therapeutic process must reverse the social and cultural forces that were depersonalising, and ways must be found to stimulate the individual's repersonalising so that there is freedom to construct one's own identity, and to explore and enjoy one's own feelings and skills. (p. 65)

South African social and cultural forces have in effect stripped people of their personhood. Bloom and others (Swartz & Gibson, 2001) have commented on resulting phenomena such as internalised oppression. Richardson (1994) has noted that it is impossible for young people to have a "full engagement with society" under oppressive circumstances (p. 17). Bloom's statement above encapsulates empowerment principles, but also calls to mind Winnicott's "facilitating environment" (1965). He seems to suggest that work in communities should be particularly attentive to individual identity, needs and skills, in order to assist the process of restoring to people a sense of engagement with society in a post-Apartheid context.

How can the therapist/consultant create an environment that will facilitate this re-engagement with the self, and ultimately, with society? It will be argued, firstly, that the personhood of the practitioner is an important tool. Ivey (1999) has written lucidly on the "analytic attitude", and much of what he presented seems useful, if not essential, to a therapeutic approach to communities. He suggested that it is not our theory that makes us - in other words, it is not what we do in a therapeutic setting, but *who we are*. He maintained that it is our mental disposition or psychological orientation that ultimately facilitates healing. Citing Shuttleworth (1991), he distilled that characteristic of the analytic attitude which distinguishes it from other approaches: "it sets out with no other means than the determination to go on thinking about feelings" (p. 4). He described unspeakable experiences, or experiences which have been made unspeakable by the absence of a listener, and sums up that "patients come to us because, in those areas of their lives that really count, they are thoughtless and mute" (p. 4).

In South Africa, it could be argued that events around Apartheid legislation, including public humiliation, torture, and the death of loved ones, and processes such as removals, impoverishment, and disempowerment, constitute such unspeakable experiences. They are unspeakable by their very nature, that is, because of their brutality, but were also literally unspeakable (undiscussable) under Apartheid legislation. A situation arose where, like an abusive parent, the state would not hear the



cries of its children. Today, sociopolitical change posits such events as part of the past, which ironically adds to their silencing. The Truth and Reconciliation Commission attempts to counteract this process, but, as Jaffer (2003) has pointed out, bringing silenced feelings to light can be an immensely painful process. In her autobiography, she described her own testimony before the TRC as a conflicted event:

I don't want to talk about these things...I have blocked them out of my memory and when I try to recall, I feel like I am falling to pieces...I believe that this cathartic process allows me the opportunity to bring closure to an ugly phase of my life...I am very scared that I will not be able to hold on to the rather fragile calm façade that successfully gets me through my daily chores. (p. 125; ellipses added)

When a South African psychologist enters a community that is not his/her own, with the determination to think about feelings, complex dynamics result. The practitioner needs to listen closely, often translating meanings. Maiello (1998) has stated that "...for 'transcultural psychotherapy' to become at all possible, both the listening and the interpretative work has to include translation of the meanings of cultural aspects from the therapist's into the patient's 'language'" (p. 27). Here, "transcultural therapy" is taken to mean, like transcultural psychiatry, a meeting between people of different cultures where the goal is the enhancement of mental health. This is an extremely complicated and often fraught process, because, even where participants may speak the same language (often unlikely), their meanings are culturally informed and potentially vastly different (Swartz, 1998). It has been argued that psychoanalytic psychotherapy still has a large leap to make in terms of transcultural therapy:

The paramount concern of psychoanalysis seems to have been in protecting and gathering evidence in support of its key concepts rather than in entertaining the possibility that other cultures, with their different world views, family structures and relationships, could contribute to its models and concepts. (Kakar, quoted in Maiello, 1998, p. 17)

Clinically, this means that we need to balance our search for the universal with awareness of the cultural aspects of both our approach, and of the manifestation of distress (Swartz, 1998). Maiello (1998) maintained that the concept of transgenerational transmission of trauma, for example, demonstrated interest in the interactive reciprocity of intrapsychic, interpersonal and cultural processes.

Ivey (1999) has suggested that it is the main task of analytic therapists to provide *a quality of relationship that will facilitate freedom of thought and speech*. In South Africa, such a holding environment may help practitioner and client to negotiate the difficulties of working in a country where Apartheid has occurred. Introducing Maw's reflections on a South African consultation relationship, Swartz, Gibson and Gelman (2002) pointed out that it was "the safety of an ongoing



and contained relationship” which allowed both the author and her clients “to understand the interpersonal consequences of political positioning” (p. 5).  
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Gibson astutely pointed out that the emotional consequences of living in a conflictual society are inadequately represented by psychiatric symptomatology; that it is in our ideas about ourselves and others and in our *relationships*, that psychic trauma is hidden. South African psychologists and clients are in danger of unconsciously re-enacting such conflict, unless psychologists employ psychodynamic tools to think about what they are doing. Community psychology interventions are notoriously riddled with difficulty, not because the communities we wish to serve are insufficiently intelligent, psychologised or grateful to make use of our services (Schnitzer, 1996), but because, historically speaking, we are entering landmine territory, where explosions of powerful emotion are inevitable. In the face of this, optimistic and idealistic notions of a “New South Africa” would serve only to extend the enforced silence of Apartheid. Idealisation, Sterling (2002) pointed out, is a primitive defence belonging to Klein’s paranoid-schizoid position; a more mature stance is to work with the ambiguities of the community psychology experience.

However, establishing containment in a black/white therapeutic relationship remains an infinitely complex matter. Gibson (2002) explored in some detail the issues of fear, betrayal, guilt, power and deprivation that inevitably arise to problematise the therapeutic process. The fact that there is an inherent power differential between client and therapist cannot be ignored or wished away. The literature on consultation processes has traced the painful realisation of this, and the role that psychodynamic thought has had in bringing this issue to the fore (Maw, 1996). This is not an easy process. Gibson and Swartz (2000) pointed out that naming our differences can be extremely painful, because it calls up the injustices of the past, and their ongoing effects.

Sterling (2002) suggested that it is only theoretical and reflective understanding that will help us “to manage the disappointments involved in the slow process of change” (p. 31). Butchart and Seedat (1990), writing about community psychology, similarly concluded that psychologists can contribute to “the agency of ordinary people” chiefly by *critical self-reflection* and the examination of their own assumptions; at the very least, psychologists should ask how the form and content of their ideas reproduce the discourse of domination. Hence, psychologists too need to inhabit a reflective space, in order to be effective, and in order to be themselves contained (an idea previously stressed by Copley and Forryan, 1987, and reiterated in the South African setting by Gibson, 1996). Vigilant self-examination is the hallmark of psychodynamic psychotherapy; it is seen as necessary in monitoring the transference processes (Casement, 1985; 1990; Sedgwick, 1994). In a community setting, practitioners should reflect on their own emotional responses, challenge their motivations



and acknowledge their own irrational responses to the work (Gibson, 2000). This can assist both in knowledge-gathering and in unpacking the complex dynamics of cross-cultural work.

In 2002, several South African clinicians compiled their reflections on working in communities from a psychodynamic perspective (Swartz, Gibson, & Gelman, 2002). Collectively, Swartz et al. demonstrated that the psychodynamic approach stimulates introspection and reflexivity in South African community psychology practitioners. They showed that there is a great deal to think about, from one's own frame of reference and relationship to Apartheid to one's current positioning and assumptions in any given community; and beyond this, or perhaps within it, the feelings that are evoked by this kind of work. This was demonstrated both in theoretical chapters and in case studies.

Shen and Murray (1981), working individually with disadvantaged clients and writing about it some ten years before Orford's (1992) seminal text, concluded that the therapist should take on a more active and confrontative role, especially in the early stages of therapy. Their reasoning framed poor patients in a stereotypical way, by suggesting that the poor present with problems forming an ego ideal, internalising an apparently hostile world, and establishing trusted object relations. However, they concluded correctly that the very impediments poverty (and discrimination) had created might in fact be an appropriate focus for the therapy. It seems possible, and necessary in terms of unraveling the therapy dynamics, to balance the active stance they advocate with a thoughtful one. Furthermore, it is erroneous to assume that psychodynamic therapy needs to be cold, passive and "abstinent" (Druiff, 2001, p. 8) in order to be effective.

A further point is that an attitude of receptivity to difference is called for in community work, in that the psychologist needs to enter with as few assumptions as possible. Of course, in South Africa, where prejudice is rife and has been enforced by legislation, this seems nigh impossible (necessitating, again, continuous self-reflection). At the very least, the practitioner needs to recognise that s/he does not have all the answers. Roer-Strier (2001) has suggested that psychologists are "mediators" (p. 244). In South Africa, they need to employ their vision and language in such a way that they are not framed as experts or rescuers, but facilitators of social change. Rappaport's (1977) "seeking" stance (quoted in Orford, 1992, p. 9) seems to have something in common with Ivey's assertion that the analytic investigation "begins when we start finding questions to our answers" (1999, p. 6). Freud (1912a) spoke of being "free from any suppositions" (p. 111), Bion (1970) of being without memory, desire or understanding, and Ivey (1999) coined the term "generative uncertainty" (p. 6). When working in communities different to one's own, this implies a needs assessment approach, a dedication to flexibility, and a conscious challenge to the concept of the all-knowing therapist.



The concept of this kind of receptivity has been prevalent in psychological literature for some time. Stellenbosch University <http://scholar.sun.ac.za>  
In 1972, for example, Lerner exhorted psychologists to give up on the idea that they could be instant experts on a culture different from their own, and that non-comprehension equaled failure. The idea of relinquishing “the cape of the therapeutic Superman” (Duncan, 1997, p. 24) has, however, recently received renewed focus, as we move into the twenty-first century and perhaps reassess the validity of our theories (Goldberg, 1990; Goldstein, 2000; Langs, 2000; A. Lazarus, 2000; Sinason, 1992). The development of community psychology can be seen as an integral part of this reevaluation and growth.

Culbertson (1993), in an American address about broadening the scope of clinical child psychology in the nineties, cited Melton’s (1989) development of the “Jericho principle”, according to which, “child and family services are most likely to be effective when walls come tumbling down” (p. 120). Melton referred both to walls between service systems, and between disciplines. To this might be added, walls between theories.

Wachtel (2000) suggested that psychoanalysis would always have vitality as a source of new ideas, but that ideology can impose confining strictures. He reviewed evidence that relationship factors are consistently the most important determinants of therapeutic success, to the extent that a “two-person model” stressing the real characteristics and real participation of the therapist has evolved (quoting Aron, 1990; 1996; Frank, 1999; Modell, 1984). Again, this is not necessarily anathema to classic psychoanalytic technique; Couch (1999) has reviewed written accounts of Freud’s patients’ analyses in order to illustrate how Freud’s actual analytic style contained many elements of a real relationship. Acknowledging our limited humanity as psychologists is enduringly fashionable, useful, and in the community psychology arena, ties in with a wish to share the fruits of psychological understanding and knowledge, in other words, the principle of empowerment by skills-sharing.

Psychology as a discipline may need to turn to a focus on larger issues, beyond the individual psyche. Wachtel concluded that the work of all psychologists in the new millenium should increasingly be to address “the larger value questions and the larger social dilemmas that are the context for psychological suffering or well-being” (p. 449). Community focus, then, is as much a global ethical demand as a local social necessity.

What form could South African community interventions embracing a psychodynamic perspective take? A multi-disciplinary, multi-theoretical approach has been advocated in this paper. Community psychology insists that therapeutic interventions should be diverse (and non-office based), will target multiple systems (of which the individual is one), and will be pragmatic, problem-focused,



and action-oriented (Henggeler, quoted in Culbertson, 1993). Psychodynamic thought adds that they should have a cautious, curious, and exploratory aspect, and will involve a self-reflective, thoughtful relationship, in which the unconscious can be made conscious to South African communities which have been, and continue to be, traumatised by the unspeakable. Freud (1900) maintained that we cannot heal until what is repressed is understood. Psychoanalysis offers a unique way of uncovering, and holding, the client's inner world. Druiff's (2001) review of the existent literature about psychotherapy with the poor (specifically, psychodynamic therapy with low-income women), recommends a group format and short-term intervention, but the marriage of psychoanalysis and South African community psychology may be more complex than that. Below, further practical suggestions for the realisation of psychodynamic community work will be reviewed.

In Section 2.1.6, it was proposed that infant observation is one way to understand children's unconscious communications. The curiosity and humility of the community psychology approach can, it is argued, also find expression in this very useful tool. Ellis wrote, "In my view, observation offers the possibility of studying 'differentness' in ways which need not be characterised by schism, fear or opprobrium" (quoted in Maiello, 1998, p. 18). Maiello (1998) compared her experience of observing infants in a Western culture, with the observation of an infant in a township near Cape Town and focused on several dilemmas arising inevitably in the attempt to apply Western psychological concepts in an African community setting. While some of Winnicott and Stern's ideas ("primary maternal occupation" and "motherhood constellation") are observable in Maiello's account, and are even named in the Xhosa culture (*mdlezana*), aspects of these observations challenge traditional psychodynamic thought. How would Winnicott, who advocates a consistent mother-infant unit for the first 6 months of life, explain the "smooth and conflict-free transition" from the mother to the aunt's mothering in the case Maiello describes (p. 22)? Anna Freud similarly spoke of an "unbroken continuity of care" (1964, p. 228). Perhaps primary maternal occupation can be part of a shared "caregiver consciousness" between such multiple mothers, which may mean, contrary to expectation, that such families provide more, and not less, buttressing against external circumstances (an idea supported by Barbarin and Richter's research, 2001). Maseko (2001) similarly observed a child born to an extended family in a South African township setting and noticed cultural particularities that may not have emerged in a Western child observation, such as the way in which singing is used to help "hold the baby together".

Both Maiello's (1998) and Maseko's (2001) accounts indicate how important it can be to observe the undisturbed infant in its natural surroundings. Psychologists arrive with many assumptions (among them, Winnicottian) about what it is children need, and should have. Objections to what Apartheid has done to the state of childhood are partly a product of these fixed ideas. But, at the



same time, it is necessary to consider the contribution of culture, and indeed, individual factors, to any given childhood. Maternal failure becomes a relative, and potentially problematic, concept.

Thus far, the literature review has identified issues such as physical and emotional deprivation, violence, crime, and sexual abuse, in the social lives of poor children. Serious consequences such as attachment disorder, poor peer relationships, and psychopathology have been thought to result. Darwish et al. (2001) suggested that intervention efforts with maltreated children would be most appropriately directed towards helping the child develop skill in successfully initiating interactions with peers, increasing the range of responses the child has to frustration and conflict, and building skills in self-control and inhibiting impulsive and aggressive reactions. They also recommended strategies that utilise children's strengths, such as their ability for cooperation. Leidermann (1989) concurred that a peer-oriented therapeutic paradigm, such as small-group therapy, is best for dealing with peer relationship disturbances. Because relationship pathology is most likely to contain elements of dysfunction in both the parental and peer systems, he noted the usefulness of dyadic therapy, family therapy, affiliative therapy and group therapy – possibly in combination. The above discussion has shown the importance of peer relations at a time of sociopolitical change, but also begs the question whether poor South African children will be able to use the peer group, or even play, in the context of a chaotic environment. At the same time, it has been argued that even severely deprived children may benefit from a therapy which addresses their internal objects.

Peled and Davis (1995) advocated “feeling education” with children who have been abused, which continually reaffirms the legitimacy of all feelings and their appropriate expression (p. 91). Each session was described as focusing on and discussing one “feeling of the day”. Visual aids such as drawings or puppets were used. As a whole, art therapy and therapeutic stories also provide concrete ways in which to address deprived children. Malchiodi (1998) demonstrated that children's drawings must be seen in context - in other words, the influence of the environment must be taken into account - and that each drawing has developmental, interpersonal, somatic and spiritual aspects, as well as emotional content. Sharp and Cowie (1998) advocated tailoring non-threatening therapeutic stories around particular young clients. Liebmann (1986) married group work, art therapy and games to multiply their benefits.

Attachment disorder is notoriously difficult to treat. “The therapeutic challenge is to instill the basics - trust, empathy, co-operation, and conscience - qualities essential for successfully living in a family and community” (Levy & Orlans, 2000, p. 16). These authors suggested psycho-education in terms of the attachment cycle, clear rules in therapy, role-play, and a clear understanding of the child's perceptions. Pickle (1999) maintained that prevention of attachment disorder is a primary goal in community interventions, involving a team approach which enlists the assistance of



significant others and community systems at an early age. Thus skilled attachment therapists, the family unit, and supportive systems all have roles to play.

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Group work, the favoured form of intervention in the community psychology paradigm, has also been advocated in work with abused children. Peled and Davis (1995) have shown that disclosure of the secret of violence is dependent on the child's feelings of trust and safety within the group, which may take varying degrees of time to develop. While participants in these groups learnt new information and attitudes, which relieved pain and stress, the authors also pointed out that group processes produce new tensions: "Talking about violence that occurred in their homes required children to remember what happened, to peel away layers of defences they constructed with time. Thus children were not only relieving but also reliving some of the pain and stress they brought with them to the group" (p. 14). When working in community projects with children, it is necessary to consider whether a sufficient holding environment is provided for this kind of ripple effect. Are there some children who are not suitable for group work, because their ego strength and home supports are simply too deficient?

Further possible group effects include increased assertiveness by children, challenges to and criticism of the parents, and unusual or intensified behaviours after group sessions that were emotionally stressful for children, for example acting out and withdrawal (Peled & Davis, 1995). Parents who have not gone through groups themselves may find a child's "anti-abusive" responses to be threatening, even to the point of further violence. Working with children in isolation, without parent and teacher involvement and psycho-education, can be downright dangerous.

Mentoring is an intervention practice combining knowledge of developmental pathways with a reliance on community resources (Orford, 1992). A mentoring relationship suggests one that includes something of both parent and peer. Observational learning occurs, and leads to the incorporation of skills, attitudes and values, in a process of identification with a highly valued member of the social group (Leidermann, 1989). "Nonfamilial adults are important figures for the child because they serve as readily idealised, nonconflictual role models, providing a contrast to the sometimes conflictual role models of parents" (p. 167). Leidermann pointed out that the teaching, learning and play relationship with non-familial adults is an important part of the socialisation process. Activities such as sports, music and art can thus be seen to play a social role. To an extent, the child therapist provides such a model, but in the South African setting, multiracial therapeutic relationships will seldom be nonconflictual.

Richardson (1994) reviewed literature on initiatives such as youth centres, clinics, outreach programmes and peer counseling, all of which aim at making mental health accessible to all youth.



She proposed that future research aimed at the successful reconstruction and development of the youth needs to be preventative, promoting initiative; needs to work in collaboration with the youth; and needs to “maintain a dialectical position which includes the community and the individual in his or her ideological context” (p. 18).

The challenge of working in a community context has been formulated as an ability to address our clients’ internal worlds, using the basic tenets and tools of psychodynamic thought, while being aware of cultural differences and, if possible, addressing power differentials. It has been suggested above that a South African psychodynamic community psychology will embrace the concept of relationship, involving containment and reflection, but will also take on an active, confrontive stance. Both interpretation and cultural translation have been advocated, and therapist humility will be necessary. In practical terms, such interventions may use the principles of infant observation and “feeling education”, will involve peers, mentoring, and family support, and take on group and short-term formats. Art therapy and therapeutic stories may also play a role.

### **2.3.5 Empirical examples**

In this section, empirical examples of South African community interventions involving psychodynamic thought will be reviewed. They variously used the principles of relationship, reflection, holding, interpretation, and the concept of “not knowing”. A cross-pollination of theories can be seen. At the same time, these interventions highlight the difficulty of community work, and the complex dynamics it establishes.

The previous discussion has considered why it might be important to think psychodynamically in South Africa today. In practice, few accounts exist of casework done in local communities utilising a psychodynamic perspective, and none of detailed work with children. There has been a focus on retrospective interpretations of consultant/group dynamics, probably because community psychology advocates the consultation relationship as intervention. But there is also a sense that pioneering community work is so overwhelming that self-monitoring can only occur in hindsight. Commenting on a training programme for teachers working with child victims of violence in the late 1980s and early 1990s, Gibson (1996) wrote: “It is only with the advantage of reflection over time that I have been able to extract from my own confused feelings about the programme, a more analytical understanding of the process” (p. 21).

The last two decades have seen an increasing number of local writers tackling the subject of the mental health of marginalised people for Master’s dissertation purposes, including Druiff (2001), Gibson (1986), Long (1999), Maw (1996) and Richardson (1994). Gibson (2000) pointed out that



increasing numbers of graduates are involved in community work. She suggested that the development of the consultation model in training psychologists has helped to contain students' anxieties about work which can be felt to be "demanding, frightening, chaotic and ultimately unattractive" (p. 240). Psychodynamic thought has been central to the success of this, both in terms of "listening deeply" (Stein, 1994) to organisations and consultees, and in terms of self-reflection on the part of trainees and consultants. In terms of child work, the consultation model is useful as a way of making lasting changes to the child's context, but also provides a contained forum for voicing the difficulties of cross-cultural work.

## **i) Maw**

This nevertheless remains a challenge, perhaps because of the operation of unconscious processes which seek to protect us. Working in a consultation relationship with a school nurse and a family planning advisor, Maw (1996) noted that "the complexities of the language issue did not become apparent to me until much later in my community placement" (p. 42). While Maw's Master's thesis demonstrated her use of psychodynamic thinking around a case study (concepts such as mirroring, false self, interpretation, and counter-transference issues), she consciously moved away from making "the unspoken tussle" between consultant and consultee explicit early in the intervention:

The silence around the struggle was not easily broken because it would mean naming and giving words to a painful and complex interplay between the history of Apartheid, its legacy in terms of coloured identity and white domination and exposing self-revelatory discussions. So early on in a consultation relationship this was an impossible task. (p. 45)

Maw noted that this relationship, where discussion of personal material was limited to social niceties, and there was no discussion of psychodynamics in terms of the consultant/consultee relationship, fits the criteria laid out in theory. With hindsight, however, she argued that "we do the consultation relationship an enormous disservice if we refuse to accept and work directly with the power invested in professionals, and the inequality that is so obviously part of the relationship" (1996, p. 35). Maw (2002) later reworked her Master's thesis on the consultation relationship to add further reflections about transference and countertransference:

Seeing that we could not proceed without addressing the feeling that was between us, I asked Ms L whether I was right in sensing a change in our relationship. It emerged that Ms L experienced my 'help' as an example of my tirelessness in dealing with the cases. This in turn placed pressure on her to similarly offer her tireless services to the cases when what she was feeling most predominantly at the time was exhaustion and despair. (p. 65)

It can be argued that any intervention involving contact with children will need to address the power issue, partly because it is such a central theme in children's lives, and partly because young children



are bound to begin referring to it themselves if given the slightest indication that it might be safe to do so. Note that Maw demonstrated a process of critical self-reflection about her relationship with her clients in order to arrive at her insights. One might say that she felt unable to make interpretations to her clients about it, partly due to the issue of appropriate timing, and partly due to the overwhelming awkwardness set up by their unspoken sociopolitical positioning.

## **ii) Long**

Long (1999), in an analysis of a community intervention, has similarly suggested that interpretation is under-utilised in community work. Working with primary health care workers, she showed how psychoanalysis offers “tools for exploring power relations between practitioner and client in a more complex, contradictory and productive manner than the tools offered by critiqued notions of empowerment” (p. 2). Within this paradigm, the subject was essentially understood as non-unitary and contradictory. Consultants resolved to adopt “a listening position on the boundary between conscious and unconscious meanings” (Halton, 1994, p. 12). This “psychoanalytic ear” meant that they were able to hear the motivations for affect and action which are not always accessible; in other words, to explain that which seemed irrational (p. 54). Attention was also paid to transference processes as an important form of communication about the subject. Long maintained that psychoanalytic ideas were drawn upon throughout the intervention and through supervision in order to interpret, formulate and guide the direction of the process of intervention. As an example, the silencing by workers of a sexual abuse case was read as a communication to the consultants about the policing of their own secrets to conceal shame. She noted, however, that participants had little access to these psychoanalytic understandings, as they chiefly occurred in supervision (retrospectively). Long concluded that this robbed participants of the power to reject interpretations, and therefore of co-construction. Her recommendations for future interventions included employing an interpretive methodology through the course of intervention, and close scrutiny of case material. In work with children, actual interpretation to clients might be a way to broach subjects such as power differentials.

## **iii) Gibson**

In 1996, citing Bion (1984), Gibson showed how the pain of the experience of violence cannot be expressed directly, and is at times projected by children onto teachers or psychologists, where it is felt as their own. Her paper took the form of a theoretical discussion, followed by two case studies. She suggested that teachers could be trained in groups to create “therapeutic classrooms”. She showed that children’s language is often insufficient to contain the extremes of primitive fears, needs and angers and thus a primitive form of unconscious communication comes into play. She



noted that in institutions or groups, there is also a constant interplay of unconscious material, and that recipients of projections commonly react to these with identification (Halton, 1994). This means that the community psychology practitioner constantly needs to examine his/her feelings in such a setting, both as a source of knowledge and insight, and, ultimately, to assist group members in recognising and returning projections. Van den Berg (2000) discussed the use of a staff support group to serve similar functions of containment. She demonstrated how, in a home for abandoned children, it was essential to help the staff bear feelings, so that they could focus more effectively on the needs of the children, and be receptive to in-service training.

This process creates a holding environment for understanding forces that might otherwise ruin community work. Long reiterated the importance of “includ(ing) socio-political influences in the object-worlds of our clients” (2002, p. 113), and of recognising the interplay of power and difference between client and practitioner. She noted that consultants were able to hold back on impulsive action, based on the idea of tolerating feelings, reflecting them, and containing them long enough so that they could really be considered (detoxified). Psychoanalysis holds that it is in this kind of process that change is catalysed. Similarly, healthcare workers’ responses were thought about in terms of anxiety, aggression and splitting – instead of just criticised: “They may also have felt that it was necessary to show us the worst parts of themselves and their community to see whether we would survive” (p. 118).

Conversely, it has been shown that therapeutic and consultation work can become damaging when it lacks an understanding of dynamics such as transference and countertransference, splitting, projection and projective identification. Gibson (2002) discussed two studies highlighting this; in some cases, a lack of emotional reflectiveness can lead to powerful feelings intruding destructively on the capacity to work, and the abandonment of worthwhile projects can result.

Psychodynamic thought has been found useful in recognising the presence of defensive tactics, and interpreting them for the anxiety they conceal. In 1991, Gibson et al. used a psychodynamic lens to analyse a small number of children’s drawings of Alexandra, and in a brief interview aimed at eliciting children’s fantasies and feelings about Inkatha violence. They focused on the internal, unconscious meaning of violence-related stress for these children, and noted the defences they may use to protect themselves against the knowledge of it. Several children neither drew nor spoke about the violence (denial); several produced empty and rigid pictures, or alternatively filled their pictures with flowers in defensive idealisation. Distancing, whereby the child dis-identifies with those more directly threatened, was also observed. Unexpectedly, indicators of anger were rare, but fear, hopelessness and depression were rife. Gibson et al. explained that “dynamically, depression represents the introjection of anger, usually precipitated by a loss, which is unable to be expressed



towards its true object” (p. 15). They pointed out that the common childhood fear of one’s own aggression is exacerbated by the reality of a society literally torn apart by violence. When a child stated, “In Alex there is no life”, the authors noted that “this is a reflection both of the real external circumstances as well as the ‘deadness’ of the child’s own internal world” (p. 15). It could be said that here a psychodynamic perspective was able to detect the full force and far-reaching personal consequences of Inkatha violence exactly because it was *absent* as a subject in the children’s drawings.

#### iv) Others

Art, and its interpretation, has thus been a useful tool in South African community work. Rudenberg, Jansen and Fridjhon (1998) similarly documented the phenomena of denial and distancing in Draw-A-Person (DAP) tests done by a sample of 115 eight to twelve year old children in South Africa during the 1993 pre-election period. Most recently, Williams (2001) also used the DAP in Alexandra, to examine the levels and types of distress found in the drawings of female latency aged children. Using Koppitz’s (1968) guidelines, the author concluded that “these children are emotionally distressed, and their experiences are differently projected onto their drawings, given the forms of violence to which they are exposed” (p. 45). This kind of documentation suggests that particular forms of external violence have particular internal representations, and that this difference can be detected in children’s symbolisation of their experience.

Personal and community change have been felt to be more likely and certainly more lasting with peer models and group work than with hierarchical dyads associated with traditional therapeutic relationships and models (Mulvey, 1988). Petersen and Ramsay (1993) described a Community Mental Health Project (CMHP) in a South African shack settlement north of Durban, which targeted youth and children. An important starting point was research into the type, extent and seriousness of mental health problems in this group. Primary prevention activities included organising a creche and a women’s sewing co-operative. Talks by professionals on various health-related topics such as AIDS, and child and maternal care, were arranged for the group. Support groups were also established for the caregivers of mentally retarded children; caregivers were trained to conduct special classes. This intervention demonstrates the importance of groups, self-help, and community participation from planning stages onwards. The authors did note, however, that “although it is easy to pay lip-service to the notion of community participation, involvement and control, in reality these are difficult goals to achieve” (p. 48). One problem which arose, for example, was the realisation that “true” communities hardly exist in areas of poverty, despite the perhaps idealised notion of unity suggested by such labels such “community psychology”. In any one group, several invisible divisions may exist.



Group work with disadvantaged children could be further riddled with difficulty because the very fact of poverty precludes prosocial behaviour. For example, in working with homeless children, Roos, Prinsloo and Van Niekerk (2001) noted that “at first the children’s behaviour demonstrated an obsessed urge for immediate gratification of their needs and they showed little or no awareness of their relational involvement with the other children as well as the facilitators” (2001, p. 87). The children tended to copy the facilitators’ examples. Gradually, they joined in the co-creation of rules and began arriving earlier each week.

Despite the collective peer model, several South African practitioners have attempted individual work with poor children, involving psychodynamic thought. Milne (1995) recorded a successful individual psychodynamic play therapy with a street child. While she described the sessions as “difficult” and “exhausting”, with the client exhibiting a great deal of regression, she pointed out that he was able to use the sessions well, perhaps because of the “opportunistic sharpness of the street survivor” (Cockburn, 1991, quoted in Milne, 1995, p. 11). Milne noted that the child struggled to preserve his good internal objects, “responding readily to my comments and clearly aware of the significance of his play. He asked if he could move into my office and play forever” (p. 3). It seems that here both interpretation and relationship were key to therapeutic progress.

Harper (1999) is a South African who has literally and innovatively taken his psychodynamic practice out onto the streets of London in work with the homeless. He has shown that it is possible, even in an improvisational context, to provide the “gift of empty space” for clients (p. 87). In a community context, this ties in with the principle of empowerment, or in psychodynamic terms, agency. Harper noted that acknowledgement of another human being’s personal existence can be therapeutic of itself (especially where deprivation is extreme). He called on a whole host of psychoanalytic ideas in observing, “I said very little and simply witnessed their distress” (p. 90), and noted that a great deal of his time was spent withstanding one demand after another. Unlike in cold weather shelters, on the streets there seemed nothing to “push against” (Winnicott’s previously cited concept of delinquency as a sign of hope, 1946): “the most effective ‘attack’ was the threat of suicide or self-harm” (Harper, 1999, p. 90). Harper’s account stands in sharp contrast to South African social action models, but seems to show that a certain type of listening process can of itself have surprising results. He attributed his success to adopting a position of being empty, without attributes – of not knowing. This lack of assumption has been highlighted as one way in which the synthesis of community and psychodynamic paradigms could occur (Section 2.3.4).

Above, empirical examples of South African work involving both community psychology and psychodynamic ideas have been reviewed. It is suggested that the use of critical self-reflection and a



holding environment in consultation work can be extrapolated for work with poor children. This might involve peer group work, an understanding of the counter-transference (towards both children and their caregivers), and verbal interpretation of children's symbols in order to traverse defence. Below, in a detailed case study, these principles will be seen as having been applied in a psychodynamic community intervention.

## **2.4 The current study**

In the above literature review, it has been suggested that psychoanalysis, with its focus on unconscious processes and the internalisation of experience, may offer a rich form of consideration and practice in community psychological work with children. Specifically, play was posited as an area in which adaptation occurs, and which is linked to relationship. Technically, play was seen to provide information about attachment style, and also to inhabit the transitional area between outer experience and internal representation. The implication for therapy with disadvantaged children may be a focus on relationship and interpretation, within a "playful" setting.

Community psychology was shown to have both valid criticisms of and deviations from the psychoanalytic approach, but also to have much in common with it. The point was made that psychoanalysis has so diversified with time that it is impossible, and perhaps detrimental to speak of a unitary discipline. Rather, the way forward both for psychoanalysis and community psychology might be to consider the dialectic between them. This dialectic, which is new territory on the South African scene, was explored in terms of what each might fruitfully bring to such a meeting. Theoretically, it was shown that both community psychology and psychoanalysis value a "facilitating environment" (Winnicott, 1965), and that the personhood of the therapist will be a crucial consideration from both perspectives. Transcultural issues and power differentials will arise, and need to be discerned, both at unconscious levels, and unspoken ones. Therapist humility and "not knowing" (Bion, 1970) need to be tempered with an active and confrontative stance. Critical self-reflection on the part of the practitioner becomes important.

On a practical level, it was suggested that infant observation might be a useful tool in the process of needs assessment. Peer relations could play an important role in counteracting the consequences of poverty and discrimination, and to this end, group work and mentoring were advocated. A consideration of feelings might involve art therapy and therapeutic stories. Such work would be supported by psycho-education in order to strengthen the systems that support children. Empirically, South African practitioners have begun to use psychodynamic thought for the retrospective analysis of community interventions. It has been found useful in containing the anxieties associated with difficult work, and in understanding symbolic communications between



participants, also in the consultation relationship, Long (1999) made a convincing argument for interpretive methodology throughout intervention, saying that the client could be empowered by the opportunity to co-construct or reject interpretations.

However, few accounts exist of a psychodynamic exploration of the lived experience of children in historically disadvantaged communities. The literature review has suggested that a depth psychology could provide both a rich description of internal life and its reciprocal relationship to social context, and the means by which to communicate with children's internal worlds and thus bring about therapeutic change. The question has been posed whether poor, hungry children would be able to respond to work within the psychodynamic frame. The following intervention, in which a psychodynamically trained clinician worked with children in a community setting, yielded interesting results in terms of individual and group progress within a very short period. At the same time, the clinician adapted the paradigm to suit the needs of these particular children, resulting in a hybrid kind of therapy and a revealing case study.

### **3. A case study: the Play Group**

#### **3.1 Background to the intervention**

"Moretown"<sup>2</sup> is a poor, semi-rural coloured community in the Western Cape. It is self-contained and long-established, and its residents are largely dependent on seasonal work in agriculture. There are in the region of 5000 residents, including about 365 children under the age of five years. At any one time there are 15-20 pregnant women in the community. The clinic in Moretown has a weekly antenatal and a monthly psychiatric service, and referrals are made from these services to surrounding hospitals and to Child Welfare. The clinic uses the services of a well-developed and committed network of volunteers, many of whom work through their churches. They run a soup kitchen and a number of other services for the community. The volunteers are an erratic resource, as they have to forgo their voluntary work when paid work becomes available, even for short periods. Psychological support is extremely limited in Moretown, especially for children. A visiting psychiatric nurse holds monthly clinics and referrals are made to Stellenbosch Hospital if necessary.

As part of a "community psychology" training at a tertiary institution, one of the authors ran eight "Play Group" sessions in Moretown at the primary school. Arriving in Moretown, I (Jana Lazarus) was initially delighted by the picturesque valley setting, the promise of scones at a nearby "berry farm", and the assurances from my university that Moretown was relatively safe, as community sites go. These first impressions were bolstered by the sight of several large, affluent-looking

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<sup>2</sup> Name has been changed to protect client confidentiality.



houses on the outskirts of the town, and our acquaintance with the clean, neat clinic which grew its own vegetables. It was this clinic which had requested assistance from the university with a list of medical patients who needed psychological services. Torn between donning our white coats and fulfilling this fantasy, and the injunction to do the right thing in terms of community psychology principles and our training, we embarked on a lengthy, fraught, and ultimately incomplete needs assessment. The clinic staff became resentful of our lack of action. Eventually we proposed running several groups in Moretown.

The intervention described below can be seen as a form of local child observation, in that it aimed at observing children psychodynamically in an attempt to understand both their lived contexts and internal worlds more fully. In community psychology terms, it represents an attempt at an extended needs assessment, and a secondary prevention programme. In psychoanalytic and developmental terms, it hoped to provide an alternative, perhaps detoxifying experience for a group of deprived children, in order to catalyse the innate tendency to self-correction which such children might possess (Kruger & Wolf, 1994). It began as an intervention and a learning experience about community work in the field. The cocktail of paradigms employed yielded dramatic results, difficulties that demanded solution, and pertinent questions. These seemed to warrant writing up in as much detail as possible, and the following case study was born.

## **3.2 Methodology**

### **3.2.1 Design of the Play Group**

The earlier explication of theoretical possibilities for psychodynamic community work has suggested that any intervention which increases social support for high risk groups (such as poor children from pre-school to middle childhood) may assist their adaptation in the face of violence, neglect and abuse, and diminish their chances of developing serious mental disorder. It has also been argued that the intrapsychic consequences of deprivation need to be addressed.

It was felt that there were enough indicators in the initial needs assessment in Moretown to warrant further investigation, and possible preventative action, within the school system. The Play Group was designed as a secondary prevention programme (those children at risk for mental illness in the primary school were identified, and action was taken to reduce that risk). The intervention also hoped to benefit from the supportive and interpretive tools of psychodynamic thought. The Play Group became a hybrid construct which further utilised ideas from art and play therapy.



The preliminary needs assessment had highlighted problems such as conflictual divorce scenarios, unstable homes, domestic violence, substance abuse, and a lack of stimulation for the youth. The teachers who referred children for the Play Group mentioned concerns about difficult home lives, poor nutrition, physical neglect and learning difficulties, as well as behavioural problems (children who were silent and dreamy, or uncontrollable). The teachers did not mention physical or sexual abuse of these children, despite the fact that these themes emerged prominently in the sessions to come. The Eye On The Child project (run by volunteers) had already suggested that sexual abuse was a concern in Moretown. This was a group that stayed alert to signs of sexual abuse in children's homes, and made their own houses available as places of shelter.

The Play Group was intended to consist of a maximum of six children who would meet with a facilitator once weekly, at the same time and venue. It drew on the principle that peer group involvement is useful in preventative work, and intended also to provide psycho-education for the children's teachers and families. It would be a short-term intervention broadly built around the idea of "feeling education" (Peled & Davis, 1995, p. 91). My approach would be to provide a consistent, boundaried space, but also to observe the process carefully and to change aspects where needed (the community psychology concept of "action research": Bhana and Kanjee, 2001, p. 136). I hoped to balance a reflective stance with a more confrontative one (for example, being educative where necessary).

In embarking on this intervention, I was to experience the tension of keeping both an intrapsychic view and an eye on my clients' social context in mind. This was not a conscious tension; I had had some training at the Tavistock, including infant observation, and was used to thinking about the ways in which children communicate an internal world. I also had some, lesser understanding of community psychology, but had not worked through the theory to the same degree. Ultimately, I was to apply neither paradigm in a pure form; perhaps the very insight the course of this intervention offers is that the situation seemed to dictate what was needed, and the theories had to comply.

### **3.2.2 Participants**

The Play Group targeted children aged seven and eight (Grades 1 and 2). Ultimately, a core group of nine participants was formed. Appendix A provides a list of the participants' names<sup>3</sup>, ages, genders, grade, and referral information, where available. Sessions one to three, and six and seven

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<sup>3</sup> Pseudonyms have been used.



were also attended by an Honours student in Clinical Psychology (“Ben”<sup>4</sup>), who recorded the sessions on video and on one occasion, when the power failed, by means of pen and paper.

### 3.2.3 Plan of action

The initial plan was to provide a form of peer group experience in a space where children could relate to an adult in ways they had perhaps not experienced before (and it would take my special psychological skills to create this). I wanted to use paint, wax crayons, pencils, playdough, stories and games in a fashion that would value feelings, fantasy and play. Within the context of the peer group, my theory was that the discovery of the children’s unique inner resources would be channeled in socially constructive ways. Retrospectively, my approach was perhaps naïve, and echoed some of the idealism Sterling (2002) has spoken about in relation to her work in Mooidorp. She suggested that this is a necessary defence in a situation where extreme deprivation is always nibbling at the edge of the practitioner’s consciousness. My neophyte status also helped me, however, to feel comfortable with keeping plans for the sessions tentative. The first few sessions were formulated as an assessment phase. I was willing to respond to whatever came up on a fairly flexible footing. In retrospect, my enthusiasm and excitement about the project carried me through (and not over) some deep pitfalls, but also created pitfalls of its own (such as immense, but sublimated irritation from the teachers).

Appendix B provides a list of Play Group activities in each session. I provided a drawing of a fish, covered in sequins for scales, and blowing eight bubbles, which served as a calendar demarcating eight sessions. I also decided to bring cookies to each session, because the children had to wait till after lunch for my arrival, and asking them to bring extra food to school when most were eating out of the soup kitchen, felt impossible. My supervisor cautioned me to reflect on why I chose to bring food to these sessions, and to consider what the consequences might be. How could I justify this action? Amusingly, she speculated that “cookies would probably be frowned on at the Tavistock”.

Unconsciously, my choice literally opened up a hostile world of competition for scarce resources. From my side, it might have been an attempt at plugging the huge hole of deprivation that I must have known lurked behind the berry farm and the affluent edges of the town all along. Siepker and Kandaras (1985), writing in the United States, provided vague support for my decision around food:

Snacks are often utilized with varying degrees of emphasis by group therapists as part of the therapy. They are of symbolic importance both to the child and to the therapist, often being set out in a non-threatening manner. Some groups center interaction around the

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<sup>4</sup> Also a pseudonym.



In Moretown, however, my food was both significant and threatening, because it was a sign of my privilege and otherness. During the first session, we sat around it on little chairs as though around an altar, looking at it. One child took his home (a treasure, a rarity, and perhaps a transitional object?). Would he have kept coming if I didn't bring food? Would he have progressed in terms of the therapy? The cookies became a central part of each session. They came to represent all the love, good feelings, and abundance that childhood *should* be full of. In my notes<sup>5</sup>, I wrote:

*My cookies represent a fantasy of all I wish I could give these children. Perhaps my reliance on them demonstrates a lack of confidence: I have never really seen theory at work, and am wondering whether my techniques are applicable to such deprived children. (Session seven)*

It seemed important to involve the parents in the intervention process, if there was going to be any long-term improvement in the children's lives. We began the intervention with a parents' afternoon at the school, to which no parents arrived. The eager therapist was very surprised by this, but also a bit relieved, perhaps sensing that there would be a lot of politics in such a meeting. It seemed easier to work with the children; I could almost guarantee a favourable response with cookies and fun activities and a receptive stance. But how would I have won the parents' trust?

Mrs F (my contact teacher at the school, who was also involved in the needs assessment process at the clinic) then personally delivered the permission forms to the children's homes, where they were all signed. The parents thus did not withhold their children from the Play Group process; they simply wanted nothing to do with it personally. Mrs F commented that the school frequently struggled with this kind of disinterest; even parents who lived across the road from the school would not come and see a concerned teacher despite repeated summons. This kind of passivity can be directly linked to situations of poverty, in which there is only enough physical and emotional energy for survival. Mrs F felt that the parents would not attend a feedback session either, and in the end, I had to leave some written guidelines for the parents with her, which she offered to deliver to their homes and even go through with them. Mrs F added that the best way to handle queries of sexual abuse among the Play Group children was via the Eye On The Child project; she said that once social workers were sent out, it was likely that the school would not see the children again. It seemed that there was an implicit and far-reaching agreement to be silent on the subject of sexual abuse.

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<sup>5</sup> Process notes written after each session; italicised throughout.



Further attempts at empowerment included making contact with the Imbali Outreach initiative, <sup>Stellenbosch University <http://scholar.sun.ac.za></sup> which consisted of local farmers and their wives. They ran the soup kitchen at the school, and also sponsored art classes for the children on Saturdays throughout the year. After attending one of these, I forwarded the names of the Play Group children for future attendance.

### **3.3.1 Description of the process**

During the course of eight sessions, there were significant shifts in the children's behaviour, in the identity of the group, and, according to the teachers, in the majority of the children's behaviour in the classroom. These changes will be described below in a short overview of the sessions and the teachers' feedback.

The calm, peace and co-operation I had experienced in Moretown until now (perhaps, in part, by escaping geographically from the clinic) extended into the first two Play Group sessions. Four children arrived for the first session. I brought cupcakes, and placed them in their packaging on the floor, around which we made a circle of little chairs. I offered the cakes around, but as they were firmly wedged in their container, had to help each child to get one out. Only one child, Robert, did not try to assist me in this; he sat waiting for me to hand the cake to him. The children sat holding their food and watched me start eating mine before slowly doing the same. Robert did not eat his at all, but took it home afterwards.

During the orientation and limit-setting, they listened raptly, with constant eye contact. I explained about not leaving the room during session, and going to the toilet beforehand; three children expressed the wish to go to the toilet immediately at this session's start. We all went together and I waited outside for them. Robert, who was still holding his cupcake, was nearly besieged by a group of older boys at the toilet door, and hung back from entering. I offered to hold his cupcake for him while he went in. On return, the children obediently coloured in the first bubble blown by the fish on the calendar. I had to suggest Robert put his cupcake down at this stage, so that he could join an icebreaker game with the ball. All the children except Robert smiled a great deal during this, and they continued to watch me closely. During the drawing exercise, the atmosphere became quiet and intense. The children would periodically look up to notice that I was watching their work, and also glanced at the camera a lot. There was an intimate but slightly nervous feel to the discussion that followed. The children helped me to pack up in an orderly and very quiet fashion.

In my initial process notes, I described Rochelle as anxious, hesitant and vulnerable. Lena was extremely friendly towards me in a shy, slightly coy fashion. Joyce seemed the boldest at this stage, asking permission to draw on the back of her paper as well. Interestingly, Joyce was described as



“quiet in class” in the referral information (see Appendix A). Robert was vigilant and peremptory in his manner, but surprised me by jumping over the fish calendar to get a better view. Three of the children (the girls) produced pictures of houses, with rain featuring (“It’s raining into the house!”). Figures included a friend, a cousin, two women, and a father in his car. Patterns and school-type material abounded (numbers, letters and “sounds”). Rochelle wrote “I love Ma” on a tree in her drawing, with a heart.

The passivity of the first session continued into the second, but an important new arrival, Kurt, opened opportunities for growth in the group. I brought Brownies to the second session, and had planned to ask the children how they experienced the last group, and to play Follow-the-Leader. I was surprised to find only two members of the previous week’s group, and three new children. I reiterated the group norms while we ate the Brownies, again sitting in a small circle on chairs. Other children were peering in at the window, and I asked them to leave. Kurt had started talking to me non-stop from the moment he saw me. He described a bushfire behind the school, which he said he would run away and hide from. He also spoke about a fight with the devil, in which he (Kurt) floored the devil by leaping out from his hiding-place at the right moment. He said he would have lots of money and cake when he was big one day, and that he would “own the whole place”. Robert and Paul watched both Kurt and myself closely during these exchanges.

When it came to colouring the fish calendar in, Kurt chose a crayon and I encouraged Paul and Robert, who were watching, to assist him. Paul then energetically coloured in all the bubbles and would not be deterred. In executing the Kinetic Family Drawing (KFD), none of the children drew anyone in their families at all. Kurt drew himself in bed, and portrayed “Jesus with his muscles”. Robert half-copied this, and then repeated the drawing he had done last session. Rochelle reiterated the mother theme with a “mother star” and “daughter star”. She drew snow, and explained that the mother told the girl to come inside because it was cold, and she did not have long trousers; Rochelle said they were too poor to buy clothes. Kurt responded that he had drawn a fireplace in his house. Paul drew rain, a car, and a tree, and several shapes he could not identify.

The second session had a calm but apprehensive air; the children (apart from Kurt) seldom spoke unless spoken to. When I asked how they had found the session at the end, Rochelle said it was “yummy” (“lekker”), and Robert nodded. When I said that maybe it had been a bit strange and new, Rochelle denied this.

Session three was a turning point in the group process; a new atmosphere of excitement now existed. When I arrived, a swarm of children met the car. Rochelle came right up to the passenger window and looked in. Kurt came up to the boot as we were unpacking, and smiled at us. They



walked us to the classroom. Lena and Joyce, who had been absent the last session, were back. Stellenbosch University <http://scholar.sun.ac.za>  
Rochelle told me that our room's door was locked ("We were there just now; we wanted to open it"). Three new children had joined the group, forming the core group of nine. We again had to play the ball/name game to introduce ourselves, and I reiterated what the Play Group was about. I noticed that Paul was less shy than the previous week. I brought a blanket to this session, which I laid out on the floor, and we sat on it with the fish calendar and the plate of cookies. I held the plate and the children now helped themselves. To the shy ones, others called out "Take!". Lena noticed that all the bubbles had been coloured in, in her absence. The children were starting to make spontaneous comments in conversation with me.

In supervision between sessions two and three, it was decided that I would take a more concrete approach in attempting to access the children's feelings. In the literature review, art, music and therapeutic stories were posited as ways to work more directly with abstract concepts. When I now produced my drawing of an angry man and asked about what he was feeling, there was a general chorus and some laughter. Rochelle, who had been so quiet and cautious in the first two sessions, said, "He's angry, and sad. He's going to fight with the people. He's going to stick them with a knife". When asked whether there were things that made them angry, Rochelle was again very verbal: "Yes! I get angry when my grandmother gives my sister sweets, and doesn't give me any. Then I feel I could just strangle her!". As more children joined the conversation, Rochelle developed a headache, but said she did not want to go home "because it's nice here". When it came to drawing what makes them angry, a lot of the children tried to copy my drawing. Kurt drew Jesus' bed, Jesus' muscles, and himself getting dressed to go to school.

This session was noticeably more energetic than the first two: the children started vying for my attention ("Ask me! Ask me! Teacher hasn't asked me yet!"). They also began commenting on each other's drawings. They seemed increasingly to own the group (for example, trying to unlock the door, and telling me of an absentee). Rochelle even suggested that we play "Rotten Egg". I complied, and after a scramble for the ball, an orderly game followed. Anna, for whom this was a first session, often leant forward to look into my face, to see that my eyes really were closed. Dina and Paul, both quiet children, became animated during the game and smiled a lot. Eventually a scuffle for the ball ensued, and I had to take it away and enforce the boundaries. Lena (for whom this was a second session) put her arms around my waist and looked up at me. Kurt pinched Paul's nose; violence was starting to erupt. Lena asked whether I would be bringing lots of sweets and chocolates next week, and Rochelle asked if I would be coming back tomorrow. Several children asked if they could take some of the pens home. At the end, Lena said that the boys wanted to give me a big hug and a kiss. I said that perhaps she wanted to do that, and she nodded, hugging me around the waist. There was a squabble at the door for the three leftover cookies.



In the above session, several new developments could be noted: the children began to take some responsibility for the session, and to demonstrate their bond with me in physical ways. They made tentative demands on me about coming more often, and bringing more goodies. Some mild competition for my attention also surfaced.

From here onwards, the orderliness of the initial sessions deteriorated rapidly. The children had moved from a state of nervous passivity to boisterousness. They began unpacking my car, setting up the blanket and cookies, and touching the camera. From the fourth session, there were persistent requests of me, firstly to be taken to the zoo and an adventure park, then for gifts such as bicycles and food, and later, simply to come home with me. We were also joined by non-group members, who wanted to be a part of the Play Group. The children became territorial in response, and began making displays of their special place within the group.

All nine children came to the fourth session. Ben was unable to attend due to academic demands. Anna and Joyce came running to meet me, with their arms flung open wide. Four children helped me to carry the bags and equipment. Rochelle offered to set up the blanket and put the cookies out (Hertzoggies). The children asked where Ben was, and I said he was writing a test this week, and so could not be here. As I was setting up, several older boys came in to look at the camera, and asked what we were doing, and whether they could be a part of it. I said that we were a Play Group, and it was not their turn this time. It was hard to get them to leave after this; they peered in at the windows for a long time, and banged on the door and walls. At one point, Rochelle opened the door to them to say that this was “*our* group”.

By now, the children sat spontaneously in a tight group on the blanket, and showed me where I should sit. They ate their cookies in a showy way, for the children at the window to see. In a discussion of the previous week’s “angry” drawings, Joyce wanted to hold the files, and was soon standing next to me, pretending to show them to the group. Anna (who was new the previous week) threw her arms around me. Lena played with my hair. As I tried to play the Squiggle game, the room became increasingly raucous. Paul and Robert spontaneously started playing at being animals under the desks (“a wild dog” and “a lion”), while the girls drew. Soon the children were playing with the ball, writing on the blackboard, and dancing, all at once. Paul wrote his name on the fish calendar. Anna showed me that the boys had written “cunt” (“poes”) on the blackboard, and then she wiped it off. Eventually I managed to get the children to sit in a circle. Lena took some persuading to leave her drawing. Anna half leapt into my lap. Rochelle was holding her head; she asked if there were “Boere” (white Afrikaans farmers) where I stay, and whether I had children. Joyce hung on to my waist, saying “Swing me!”. When I said the session was over, the children did



not want to leave. At the car, they begged to come home with me, or at least to get a lift. They said their parents wouldn't mind, and pointed out that Christine's father was dead.

In this session, competition for my attention seemed a central theme, with sulking behaviour, somatising, and demands for physical affection as result. There was also a new lack of inhibition in the children (possibly a sign of regression), and they were becoming difficult to control. In the following session, a marked anxiety arose as to whether there would be enough biscuits and playdough for everyone, and they began grabbing each other's clay. Their wildness now found expression in a frantic episode of playing. They also began to show their anger towards me in symbolic ways.

Seven children came to the fifth session. Ben was again unable to attend. About 15 children whom I did not know swarmed to the boot of the car and started grabbing my bags. One little girl had already put her schoolbag over the back of a chair in the room. As Rochelle helped me to unpack, she grabbed the packet of biscuits (chocolate shortbread) and held it aloft for the children at the windows to see. It was difficult to get the group away from the windows in order to start the session. As we stood in a circle holding hands, there was some argument between Kurt and Lena as to who would hold mine. Lena smelt my hand and said, "Hmm, her hand smells nice!". She examined my ring and bracelet and commented that I looked nice in my clothes. The children laughed at me as I demonstrated the "Act out how you're feeling" game. Robert said he felt "Good – when are we going to eat the cookies?".

We sat on the blanket, and Lena told me she had dreamt about me. The children were very anxious that there would not be enough cookies: "Give me! Give me first!". After an orderly discussion of which animals the children might be, we sat at the table with the tupperware of homemade playdough I had brought. The children started guessing the contents - was it "pink sausages", or something Rochelle had seen in a shop, and was describing animatedly? There was a gasp as the lid came off, and all the children tore at the ball of clay at once. They continued to grab pieces of each other's clay throughout the session. Lena smelt the clay. Christine made a flat face with a smile and a leg coming out of the head. Robert made a "man" who walked across the desk saying "good morning". Lena made a snake which first bit Christine, and later, me. Kurt made himself.

During the rest of the session, mayhem ensued. Paul began passing clay out to the boys at the window. Robert played at being a "black cat". Lena and Rochelle wet their clay at the sink, and eventually Lena was washing the whole sink area with a cloth. Robert and Kurt threw bits of clay up at the ceiling, laughing when it got stuck, and throwing bigger bits up to get them down again. Kurt came to show me that he had filled the tupperware with water and his ball of clay was in it:



“It’s baking in the oven!”. Then he came to present me with a clay “cookie”, which Lena quickly tore at. <sup>Stellenbosch University <http://scholar.sun.ac.za></sup> Lena made a clay penis and held it in place on herself, waddling towards me with her hips thrust forward. At the session’s end, Rochelle said she was not going to come next week, even if I brought cookies. Lena stood at the passenger window, licking it with her tongue. I met her eye as I pulled away, and she gave me a “deeply accusing look” (as described in my process notes). On consideration, I wondered whether this accusatory feeling was not my own, and a projection. I called Ben and begged him to come to the next session.

Eight children came to session six, as did Ben. As I had an upcoming break for a week, and termination was in sight, I wanted to address issues of sadness. I had written a therapeutic story (see Appendix D) and drawn a picture of a sad girl. The story was about a “Boer” (white Afrikaans farmer) who visits a village where nine brown mice are struggling to live with the village inhabitants, who essentially misunderstand them. The mice are suspicious of the Boer at first, but then become very attached. The Boer brings cheese and their meetings are fun. The mice are distraught when the Boer has to leave again, but he tells them that he has seen something essential about them, and gives them a magical gift: when they touch their noses at times of sadness in the future, they will again have the warm feeling they experienced during their meetings with the Boer.

I detected yet another shift in the group’s mood during this session, involving a sense of hopelessness and panic. The playground was nearly empty on arrival, but Kurt came running up to the passenger window, where Ben was sitting, and beamed at him. He came around to the boot of the car and grabbed the biggest bag, which he then carried, precariously balanced, to the classroom. Later I commented that Kurt was very happy to see Ben again, and he nodded. The other children were waiting at the locked door, and collided with me in half-hugs. Anna held my hand as we went to find a key, and Kurt, who came along, remarked that Anna was not a member of the group. The new faces at the door left without much resistance.

The children were responsive when I called them away from a spontaneous ballgame to talk about the upcoming break, using the fish calendar. Lena sat at the back of the group on the blanket. Her mood had become serious and her facial expression quite adult. This was in sharp contrast to the way she had told me, in Session three, that nothing ever makes her angry. One of the children asked whether Ben could come next week while I was away: I said no, he had the same holiday as I did. I promised them I would be back. Someone counted all eight circles. The children wanted to stick the rest of the stickers (new substitutes for colouring in) on too. I said no, only when we came to those days. I said we had two sessions left together. Robert quickly tore off one of the fish scales. I said he wanted something to take home with him to remember me by in the meantime.



Tension built as I could not get the cookie packet open (which had a leaf decoration on the string).  
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As the packet opened, the children grabbed the biscuits, breaking them. Two children pretended not to have a biscuit, in order to get another one. Several of the children moved to the windows with their biscuits, but there were few observers out there today. I tried to get them to come back to the rug, but they ignored me and I had to coax them over. Ben helped me, at which point they became responsive.

There was real interest when I said I had a story to read to them, which I had especially written for them. I read, but their concentration span was short. Kurt punched Paul and Robert, and Ben asked him to go and sit next to Joyce, which he did, punching her. She hit him back. I reinforced that we do not hurt each other here. Ben did too. This was the first time Ben, whose job description was to observe and record, had spontaneously addressed the children in session. I later had to reluctantly ask him not to do so again.

The discussion of sad feelings also alluded to anger, and physical violence. The children spoke about how Kurt chews and spits chalk in the class. Kurt said it was another boy, who said “cunt” (“poes”) in class. As we spoke about this, Lena came around and looked into my face, asking me to say the swear word again. Gradually, the children started edging into my lap. Lena embraced my back from behind with her knees. Kurt was lying on the blanket, and pushing for a space to get closer. As we dispersed to draw, Kurt came running up to me, smiling and saying my name, and fell onto me in a hug. He slid down and lay on his back in my arms. A peaceful drawing episode followed, in which the children spoke as a group and commented on each other’s pictures. Lena reiterated that she never gets sad, and that her grandmother never hits her at home. Robert commented that Lena was talking “dog shit” (“hondstront”). Kurt asked what my husband’s name was. Joyce said, “We talk here, don’t we?” (“Ons praat mos hier, né?”) and proceeded to tell a story about a mother scolding another woman for hitting her child. I said that maybe she was worried I would get angry and scold her here. Joyce said no, I wouldn’t get cross. I asked her how she knew this, and she said, “Because Miss loves us” (“Want Juffrou is lief vir ons”).

A free play episode evolved as the children became bored with drawing. Ben began a game with the boys in which he showed them how to deflect the ball with their heads as he threw it at them. The boys were smiling very broadly. I felt tremendous relief to see this, and to detect a sense of control in the room again. Joyce and Rochelle showed me how they could pass the ball underneath one leg. Lena continued to draw to one side, and I went to sit with her. I said that sometimes it is hard to talk about how things are at home. She squirmed on her seat, smiling. She showed me that she could write in cursive (“aaneen”). I also visited Rochelle, who was still drawing. She said, on inquiry, that she had drawn “the little bread man” who at first would not give the girl what she wanted, but later



did. As we were packing up, Lena came over to me and dug her fist, on a stiff, outstretched arm, into my pubic bone. Then she grabbed Kurt's hand and did the same to me with it. I asked whether this was something she had seen grown-ups doing. Dina echoed what I had said, smiling. Lena squirmed away again. On departure, the group managed to get Kurt into my car. As Ben got out to open the back door, Kurt escaped to the opposite door and leapt out. He raced the car halfway down the street, with great determination.

Session seven, to which eight children arrived, is described in Appendix C, and examined in some detail below. The presence of so many children after a break is noteworthy. This essentially constituted the final session, because only two children, Rochelle and Joyce, came to the last session (session eight). They brought a non-group member along, perhaps for emotional support. I had baked a cake, which they cut in three, and then we made collages on their folders, which I had intended they should keep. Rochelle wanted me to tell her what we would be doing later "in her ear". She commented that her teeth hurt: had I put a lot of sugar in the cake? She said I should come and serve her food when she was lying sick in bed at home. Both Joyce and Rochelle's collages featured magazine cut-outs of young white women with dark hair, nurturing yoghurts and apples, and even white base make-up. The new girl cut out flowers and hearts. The latter reminded me of the decorative and school-type material which the Play Group children had initially produced, and highlighted the new subjects of their work and play (our relationship, concerns about nourishment, loss, and angry feelings). Rochelle said the cake knife was a good, sharp one to "stick" people with. I said perhaps she was angry at me and wanted to "stick" me with it. She nodded happily. It struck me that we had undergone a transmutation, despite, or perhaps because of, the huge emotional mess we had waded through together in our process of relating to each other. At the end of the session, as we sat on the blanket, Rochelle and Joyce immediately put their heads in my laps. I asked them to tell the therapeutic story, which, to my surprise, they remembered in great detail. I then gave all three children a lift home in my car. As we were packing the boot, Rochelle produced a lone felt-tip and held it up to me, saying, "Don't forget this one".

In overview, the children's attitude towards me changed from nervous and stilted obedience, to demandingness. While initially awed at what I offered (even the sequins on the fish were a richness), it seemed later that nothing I could bring was enough. Their initial output of school-type material and a lack of playing, changed to become an almost unmanageable outpouring of affect, ideas and symbols. They became much freer and even regressed. They acted out when Ben was absent, and when I spoke about the break and termination. They found ways to talk about feelings, and a strong but anxious attachment to me (and Ben) grew. They took charge of the group and developed pride in it. Attendance was excellent, but their sadness at the loss of the group resulted in mass absenteeism in the last session.



In evaluating the intervention, the teachers commented that some of the quieter children were talking more, seeking attention, and being very active when they thought the teacher wasn't looking (Lena and Paul). They reported that schoolwork, including reading skills, had improved (Rochelle, Joyce, Kurt and Anna). They remained worried about Robert and Dina, who were both still very quiet, and sometimes absent. I was pleased to hear that Rochelle was periodically telling her teacher she was angry because I no longer came to the Play Group.

Several readers of the above account of the process have commented that it is very funny, while others have wept reading it. I have been asked whether I found it amusing as I was writing it. The short answer is "no". I do remember finding my early process notes entertaining because they were so revealing of the children's feelings, thoughts and intentions, which they expressed in clumsy, strategic, frightening, and endearing ways. However, it became more and more painful to write about the process as it unfolded, and I was also resistant to watching the videotapes. Latterly, adding the parts about Ben's involvement, I smiled broadly. Perhaps I have gained some distance, or have started to protect myself against the experiential memory of the sessions. Many aspects of what was actually transpiring in those sessions continue to be revealed to me only now, a year after the last session, again suggesting that my unconscious defences sprung up in response to meeting these children.

### **3.3.2 Analysing the process**

In the following section, the possible reasons for the above shifts in the process will be examined, in an analysis of session extracts. The authors propose that the children's growing relationship with the practitioner catalysed change. Secondly, it seemed that the interpretation of the children's symbols, in terms of their drawings, play, conversation and behaviour, played a large part in the shifts, as will be demonstrated in extracts below. Self-reflexivity on the part of the practitioner also played an important role in helping to understand the process.

In trying to interpret the progression outlined in the previous section, it seems useful to offer a sample session (see Appendix C), consisting of content and process descriptions. Session seven has been chosen because it focuses on termination and thereby tries to capture some sense of overview of the process (via the therapeutic story). Previous sessions seem to have built quite quickly to the high emotional pitch evident in this session, wherein the children faced painful feelings of attachment and impending loss. Session seven demonstrates their defensive attempts to deal with these. As an example, it is intended to illustrate the psychodynamic way in which I thought about



the children, myself, and our sessions, and how this informed what I chose to communicate to them verbally. At the same time, it will be noted that one eye is constantly on the context of the session.

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In reviewing the progress made during the Play Group process, one might say that the starting point was my conscious “analytic attitude” (Ivey, 1999), which served to create the therapeutic space. Attendance increased as word spread that the Play Group was fun, and not a remedial teaching class. Here, you were listened to intently, and someone tried to understand you and talk about how you might be feeling. There were no marks given and although there were limits, there was no punishment. It is interesting that I decided to start bringing a blanket in session three. It was possibly an unconscious symbol of the kind of containing space I wanted to provide. My attitude may have helped to move the children from their passive and apprehensive state, to increasing agency. I posited myself as a person who had their best interests at heart (for example, by holding Robert’s cupcake outside the toilet). An action such as the latter is by no means part of classical psychoanalytic technique, but in this case was a symbolic act that communicated in ways which my explaining of therapy to these children sometimes could not.

### **i) Group shifts**

At the start of the Play Group process, the children seemed to try to work out who I was, and what it was they were expected to do. They were clearly anxious (all going to the toilet at once, and holding on to their cake). At the same time, the latter behaviours immediately expressed a sense of deprivation and a need to be mothered. When Kurt arrived in session two, his response to the white facilitator bearing cake, was to compensate with tales of how he would one day be able to buy all the cake in the world, and would in fact, own the whole place. This was a comment on the power differential between us, and his feelings of inferiority. I made a mental note of this, but it felt too soon to convey this to Kurt in a first session.

At the outset, the children were very “good”, and produced work they thought I might like to see (such as letters and numbers). They watched me closely for response, and were perhaps surprised that, instead of passing evaluative comments, I reflected on their choices of material and colour, and wondered about whom and what they were portraying. At this point, examining their poorly executed drawings in supervision, it might have been easy to dismiss the impoverished, stereotyped responses and banal images as signs of understimulation or even cognitive impairment. Perhaps there were elements of this, as well as signs of a community which did not value creativity and play as much as did my much more affluent one. But beyond this, a psychodynamic lens helped me to see that the children had, at the start, tried to determine the nature of this new space.



Because I was prepared to see what the sessions would suggest to us in terms of activity, I allowed the children to take the lead when they showed that they were ready to do so (session three). In this way, I finally proved that I was not a teacher, although many continued to call me that. The game of “Rotten Egg” was a spontaneous instance of play, which I felt needed to be valued, encouraged, and developed, for the reasons outlined in the literature review. It was also, like all play, open for interpretation. In my process notes, I wrote:

*Today, I felt the children were testing me to see if they really could “do and say almost anything here”, as I reminded them at the beginning. They took control and I was left feeling in the dark, and a bit panicky. In this way, they gave me a sample of their own experience of coming to the group for the first time, by means of projective identification. (Session three)*

At the start of this session, my counter-transference feelings (a new sense of excitement – I threw the ball around) were a clue as to the first mood shift in the group. It seemed to have been occasioned in part by the arrival of Kurt in session two, who gave me the opportunity to interpret his omnipotent tales as a wish to be strong in the face of adversity. The group observed this closely. Kurt was not reprimanded for his “naughty” talkativeness or his lying here (in comparison, presumably, to the classroom). Nor did I tell him he was playing the fool when he drew Jesus with his muscles, although this was clearly on some level a defensive attempt at sabotaging the proceedings and making himself the group joker. Paul’s response to my attitude toward Kurt was to colour in all the fish bubbles, as if he, a very quiet child, also wanted the kind of loving attention an interpretation conveys. Other children tried to copy Kurt’s drawings: he had become a leader of sorts, in the process of group therapy.

Because I came every week, on the same day and at the same time, always starting and ending on time, always bringing cookies, but always denying other favours, the children may have come to see me as a reliable figure. The psychoanalytic concept of clear boundaries helped them to feel safe: even if they were angry with me and said so, I would be back the following week and there would be no retribution, only discussion and acknowledgment (bearing the feelings). The mood shift in session three can be read as a sign of hope around the growing attachment the children felt towards me. The speed with which these children bonded with both Ben and me suggested the extent of the deprivation they were experiencing. Perhaps we would provide the consistency and nurturing they needed. It was also in this session that talk around angry and sad feelings could begin. By session seven, distinct progress could be seen:

*Dina really surprised me today: She was extremely forthcoming and verbal. While she has previously covered her drawings, she now showed me, as she was drawing, “Look, Miss – he’s crying because he’s sad. He is very fat because he eats too much. He eats too much because he’s hungry. Here is a big spider. It chases the children”. She answered*



difficult questions, like “What else can one do when you are sad?” (“You can cry. You can hit people”). “Is there anyone the man can talk to about his feelings?” (“His mother”).

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I did not speak about myself or my private life, but did, towards the end, begin to reflect aloud that I joined the children in their feelings of sadness about termination. Rochelle’s transference to me as a mother figure began as early as session two, when she depicted the mother and daughter stars. Her own mother is a single parent, and her father is an alcoholic (see Appendix A). The family lives in one room, so Rochelle sleeps in the room where the television is. I explored what it feels like to be in the snow with short trousers, or in a house where the rain is coming in. I interpreted Kurt’s “fireplace” and Rochelle’s “umbrella” as the expression of a wish for emotional warmth, as I did the large lightbulbs in the houses they drew (Koppitz, 1968). It may have felt as though I understood their internal lives (and by implication, their unexpressed feelings) in a way that other adults did not, because I expressed their symbolised needs, and this may have felt like an act of love akin to primary maternal preoccupation:

*All of the children said they were fine when I asked. Dina responded to my queries about negative feelings by speaking about feeling sad when someone hits you (she seems to have remembered this from the last session). Lena laughed, and grabbed the Twinkie box so that it tore. She motioned that she was going to “smear syrup” (“stroop smear”) down Dina’s front with her Twinkie. Some chaos erupted. I tried to interpret about wanting to forget about, and sweeten, sad feelings. Lena listened with big eyes. (Session seven)*

It seemed that verbalising on the children’s behalf was key to the growing attachment. I was repeatedly reminded of Klein’s (1932) assertion, cited earlier, that children take tremendous delight in interpretation, and that it releases energy for further play. The children responded by running to meet me at the car, hugging me, holding my hand, and playing with my hair. Traditionally, this kind of contact might be discouraged in therapy, but it felt to me that these were the children’s symbols as much as my biscuits were, and that they needed some way to give back to the relationship. I was further reminded of Winnicott’s physical holding of some clients, also cited in the literature review (Rees, 1995). At the same time, their waiting for me suggested the anxiety of an insecure attachment:

*A swarm of children came up to the car from the playground as we stopped, among whom I noticed Rochelle, Kurt, Lena, and Joyce. I felt that we constituted a special, and perhaps idealised, object for the children. We were carried into the classroom as though we were something precious, but also as though there were a fear that we would be lost if they did not hold on to us tightly enough. (Session three)*

The children starting owning the group, perhaps because I had begun our process by allowing them to draw anything they wanted to and was ready to listen to their ideas about their work, instead of telling them mine first. A turning-point ensued when I embraced Rochelle’s initiative of playing



“Rotten Egg” in session two: this meant it was all right for me to be the rotten one, and a loser who made mistakes. In this way, I symbolised permission for more equality than is normally present in child/adult encounters (Swartz & Levett, 1990).

The children subsequently lost their shyness, and were able to laugh at me and even tell me what to do. In session four, Joyce started copying me by presenting the children’s files. In session eight, Rochelle demonstrated an instance of projective identification, in the face of the helplessness she felt about this being the last session. Both Rochelle and Joyce inverted our roles as child and adult in their play in order to feel better:

*Rochelle flounced up to the board and started writing “sounds” on it, which she asked me to read. She seemed a bit deflated when I could do it. She wrote “cheese” (“kaas”) on the board. Then she threw a bit of chalk at me. Joyce dropped the board eraser twice, and asked me if I could get it for her both times. Rochelle found an old, scrunched-up HIV awareness booklet in the cupboard, and squealed with delight that she had found “a story book”. She asked whether I liked it. I struggled to get the children into a circle (both Raydene and Rochelle had to go over and tug at Joyce, who was still writing on the board). Rochelle took my hairclip out and restyled my hair, then gave it back and said, abruptly: “Put your hair up!” (“Sit jou hare op!”). I said it was our last session. Joyce left the circle. (Session eight)*

I responded to these events with interpretation, saying, for example, “You want me to feel what it is like to be the stupid one in the class”, or, “You are remembering when I brought you a story, and you wish we could have more stories and more time together”. Allison’s HIV booklet was a gift, and an attempt at eliciting my love. It could even be read as a moment of reparation for the hatred she felt towards me for leaving her. Even headaches were interpreted for their deeper meaning in the Play Group:

*Rochelle said that she had a headache, but that she did not want to go home because “it’s nice here” (“dis lekker hier”). I suggested she lie down on the blanket at the back. She offered to go to the sickroom, and asked for someone to go with her. Lena volunteered excitedly, but no one moved. I asked what else could we do with our anger, was there someone we could talk to? They looked at me with blank faces. (Session three)*

In this instance, I understood that Rochelle felt neglected because my attention was on the group as a whole in the discussion of anger. I tried to suggest a better, or more effective way of dealing with feelings, but the group seemed practically unable to bear a discussion of difficult emotion, suggesting how enormous and overwhelming it felt to them. Kurt defended against bad feelings with violence towards Paul, and more fantastic stories, Paul by sulking, and Rochelle by getting a headache which potentially allowed her to flee the room. Furthermore, few children were able to draw “what makes them angry”. Without an eye on the symbolic meaning of these behaviours, it might have been difficult to work with the children. As it was, I increasingly relied on reading and



stating their implied feelings. In sessions three, four, and five, I felt that the children were turning more and more towards play in order to process these feelings, perhaps because I had brought them into the room with my words, and they now had to be channeled somewhere.

Even quiet children started symbolising a frightening internal world. Lena, Dina (who never said much at all), Rochelle, Joyce and Kurt all spoke to me variously about dangers and revenge: the scary “Salie who rapes children”, men who rape women, grandmothers who are ill and die, rats and rain coming into the house at night, the gangs who take your food and “stick” you with broken bottles, the police who take the bad guys away in their cars and lock them in jail without any food, fist-fights with the devil, beating bush-fires, running super-fast to get away from an uncle who hits you, and attacking the therapist (wishfully, with scissors, and actually, with light slaps on my bottom). They produced phallic symbols (on paper, in playdough, and with fists), drawings of themselves in bed (as well as actually lying on my lap), magazine cuttings of naked women, numerous cars (including police vans), pictures of muscled men, Jesus; broken, segmented, encapsulated, lined and shaded hearts, and a knife. The children actively used a kind of fantasy (daydreaming) bordering on unconscious phantasy, for example, fighting the devil, dreaming up all the delicious things I would bring them or places I could take them to, climbing into me somehow, or simply staying with me forever. One child climbed into the boot of my car with the bags, and the other children covered her with our blanket. I was working in a community where “cunt” (“poes”) is a favourite swear word, and the children tested the limits by using it in session with me, an outsider from a very different community. Kleinians might even interpret the use of this word in particular as an unconscious wish to return to the safety of a mother’s womb. The oral and aggressive nature of these children’s concerns was a striking testimony to the stress they were experiencing:

*Christine affirmed that she had drawn a knife piercing a heart. I said that that must be a very sore heart, and she nodded, looking up at me. Everyone laughed at Dina’s picture with the hole in it. The next picture (Anna’s?) was not claimed by anyone. First, Joyce introduced the topic of her sick grandmother, then Rochelle spoke about people having heart attacks and falling down in the street. Much laughter followed, and then a discussion about all the nice things the children wanted me to bring them. (Session four)*

Note the brevity with which the children were able to visit symbolised feelings in the above extract, before a flight into idealising me. Further noteworthy signs in the children’s drawings (Koppitz, 1968) included mass shading by a child who had come across her stabbed father’s body in the street (extreme anxiety), genitals from an aggressive boy who was possibly sexually abused (body anxiety and poor impulse control), and short and absent arms (withdrawal; guilt about socially unacceptable behaviour). The latter might refer to actual antisocial behaviour like lying, destructiveness and stealing, an awareness of poor school performance, or an internalised sense of unacceptability as a



poor, “coloured” child in a world of “white” power and wealth. A silent, timid child drew slanting figures, (instability) and tiny figures, including one floating slightly on a bed (extreme insecurity, depression). A verbose, fantasy-filled child drew large figures (expansiveness, immaturity). It seemed very important that few children were able to produce images of either their parents or themselves, suggesting a lack of family cohesiveness and a depleted sense of self. Compartmentalisation, folding, and even the sticking of two pictures together, suggested a sense of impending fragmentation.

The children appeared to follow my example in starting to comment on each other’s drawings, which tended to spark corrections from the artist. Even quiet children such as Robert starting giving voice to interpretations about others, such as when he told Lena her idealised presentation of herself was “dog shit” (“hondstront”). They struggled to listen to my reading of the therapeutic story (perhaps because it took my attention away from them; much as it can be off-putting, in an adult therapy, when your therapist talks too much). The second time I began to tell it, they told me in no uncertain terms that they had heard it before (they were feeling freer to be direct). They were delighted, however, when I suggested they tell it themselves (which put them in the spotlight again). The third time, the story was told to a non-group member; it had become “group property” and part of the group identity.

As in any therapy, there were times when it did not feel prudent to put an interpretation forward, but it remained useful information for helping to understand the child (such as my initial impressions of Kurt):

*Anna was very quiet today and covered her mouth when I asked her about her drawings. She seemed reticent to speak about sad feelings. Of all the children, she always looks the neatest and prettiest. I wonder whether she is allowed to speak about her painful feelings anywhere; she said that she had drawn her sister, who is “sad” because people smack her, and her sister’s name is on another of her drawings from today – but isn’t this a disguising projection? Similarly, her concern about fetching Rochelle may in fact express concern for herself, that she should not be left out and forgotten in the same situation. (Session seven)*

I was mindful of the fact that the children’s home circumstances may not always have been sufficiently supportive for in-depth work. The parents had shown a lack of interest in the Play Group, for complicated reasons which might have included a sense that I was a critical intruder, and that they were simply too ravaged to be overly involved with their children’s development.

Ben’s initial presence in the group may have posited us as a parental couple, and the children remonstrated with “bad” behaviour when Ben “disappeared”, because they felt unsafe. My explanations as to his whereabouts and reassurances about his return fell on deaf ears, as did my



assertion that he could not come to be with them during my break, for practical reasons. The children were not operating from a “practical” standpoint, but from a sense of needing consistency, a hope that Ben could fill this internal void, and a suspicion that he would fail them as others had.

## ii) Individual change

### Lena

The “Rotten Egg” game (session three) coincided with the first shows of physical affection, and also the first demands for gifts and favours. When I interpreted Lena’s comment that the boys wanted to hug and kiss me goodbye as her own wish, she concurred immediately with such an action. She may have felt a sense of relief to be accurately “read” in this way. This was an important session for Lena; she had been absent in session two, and I had commented on this at the start of session three by saying, “Lena! I see you’re back. We missed you”. Later, in session seven, when I returned from a week’s break, she told me that she had missed me, and that she had wondered whether my face would have changed. This was an ideal opportunity to interpret her fear that I would disappear, or become unreliable (as her own mother, an alcoholic, had). I noted that she struggled to keep me in mind, and that this indicated an internal world lacking in safety and constancy.

Lena had an identification with me (noting our clothes, our noses, and our hair), but also kept reminding me of our differences. When she asked me to say “cunt” (“poes”) again, this time watching my mouth, she may have been trying to figure me out (she doesn’t know any “white” ladies who talk like this). I said that she wanted to see me saying this swear word because she could hardly believe it. On the one hand, she knew that we come from very different social worlds, which implies a temporary relationship, and on the other, she was contending with strong feelings of wanting me to mother and hold her. Her ambivalence was complicated by the transference, in that her own loved mother had abandoned her (also by living elsewhere; Lena is in her grandmother’s care). Lena expected disappointment and abandonment. At times she responded to my accepting presence with regression (licking and smelling), and at other times she was angry and derogatory.

Lena’s challenge during the Play Group process was to move from a point of denial and idealisation (drawing flowers everywhere; refusing to admit the existence of sadness or anger), to a point of recognising need, and expressing demand. I felt that she presented with a false self structure (Winnicott, 1971) indicating a deficit in maternal holding. Initially, she approached me in a flirtatious way, and would continue to resort to sexualised approaches, perhaps partly in defence. Szur (1983) noted that “the sexualisation of interactions between children and adults imposes a



fictitious peer-relationship that essentially denies or distorts the child's need to depend on adults for care and protection" (p. 47). At the same time, it is interesting to note that Lena approached me with a fist to my pubic bone after I had sat alone with her to say that it may be difficult to talk about things at home. In words, Lena was only able to say that "nothing" happens, perhaps because she struggled to own her experiences; but with a symbolic action, she could let me feel what it was like to be invaded (projective identification). She symbolised her need for permanent care by saying that she had obtained her grandmother's permission to come home with me. I interpreted her communication directly: "You feel that you do not have enough, and now I am also not giving you enough. You hope that if you continue asking, I will one day take you home with me".

## Kurt

A similar progression can be seen in the case of Kurt. During session seven, he showed clear demands for more, which contrasted sharply with the tales of omnipotent self-sufficiency he had told in session two:

*As I opened the boot, all the children leapt on my belongings, Kurt grabbing the bag and accidentally tipping the box of Twinkies out. He picked it up in wonder. He said that as there were less of them today, could they each have more cookies? I said that what I brought did not feel enough. In the classroom, he held both boxes to his chest with a wide smile, and I asked whether he would take care of them for me till we started.*

*The children all sat in a little circle with the Twinkie boxes while Ben and I set up. They peeked inside. There was some mild grabbing at the box, but there was an atmosphere of "being good". Kurt said that they all wanted a whole box each. Someone else said that each cookie was in its own box (the wrapper). I heard Kurt say, "There's cream inside!" ("Daar's room binne-in!"). I noticed Christine busily washing the sink with an old rag, with her sleeves rolled up, and looking like a little adult. As I came to sit with them, Kurt said that there were six of them, and twelve cookies, so could they have two each? Then Joyce suggested that they eat them straight away. I said if that was what they wanted to do, then that would be fine. The children ate peaceably for several minutes, each holding a fat Twinkie in either hand. Kurt sat close to me, half under my arm. He stuck his fingers in the cream and sucked them. He kept one box and Dina, in a surprisingly assertive move for her, claimed the other.*

When Kurt wanted to keep the box, I told him that I thought he wanted to keep a piece of me to take home with him. During the previous session, he had stolen a moment when others moved off my lap to claim me all for himself, lying in my arms like a contented baby. I instinctively took the opportunity to tell him that I knew he wanted love, and that he is sometimes naughty in order to get it. Perhaps this verbal recognition allowed him to make further claims on me in the following session, as illustrated in the above extract. His finger-sucking was also reminiscent of a return to babyhood.



Stern (1998) has written about such “moments of meeting” being the key element in bringing about change in implicit knowledge, just as interpretations are thought to be the key element in bringing about change in explicit knowledge (p. 300). He described this sudden, qualitatively different moment that arises in the course of the “moving along process”, as “a ‘hot’ present moment...which is affectively charged” (p. 304; ellipsis added). He suggested that this moment of truth could only arise within a framework that is rule-governed by an established technique. Linking with ideas of the use of the therapist’s self examined earlier, Stern has suggested that such a moment “must carry the therapist’s signature as coming from his (sic) own sensibility and experience, beyond technique and theory” (p. 305). The end result is a change in both individuals’ implicit relational knowing. Thus we might say that Kurt learnt something about how to act, feel, and think from this moment in our relationship (as I did).

In contrast, we see the way in which Ben became a father figure for Kurt in the transference, imbued with qualities Ben did not necessarily have in real life, but which belonged to Kurt’s internal representation of “fatherhood”. Ben’s “disappearance” to write an exam may have been read as another sudden abandonment. The joy with which Ben was welcomed upon return suggested that Kurt was hungry for a constant, benevolent father figure. All the children seemed to respond to Ben as the real authority in the room, and there was also a tangible sense that the children were reassured by his presence (and I felt this too). On the other hand, Kurt seemed to expect that Ben would punish him physically after he crept onto the backseat of the car with us (session six), and hence his first response on exit was to run away. Perhaps he was not sure that Ben would return next session, and was determined to maintain the link by coming home with us instead. It may have felt impossible to wait and see, after having been disappointed by other caregivers in the past. My process notes after this session said:

*Today Kurt ran away, as he has so often described to me in his fantasies. He may have been afraid that Ben would hit him because he got into the car against our wishes. His outrunning us afterwards (like drawing his muscles) can be seen as an attempt to counter the helpless feeling of being abandoned. But it was also a desperate attempt to hang on.*

There was a danger that Ben would unconsciously respond to being treated like a father in the transference, as in session seven, when he admonished the boys and began teaching them skills with the ball. Therefore it was decided in supervision that he should be asked not to interact overly much with the children.



## Others

Kurt, like Lena and Rochelle, began to verbalise an awareness that I inhabited a different world. There may have been some panic behind this, in terms of the implication that I would go back to where I belonged, and our relationship would end. Rochelle seemed to be trying to work out whether I was a “Boer” like all the rest (was I to be trusted, or not?). There were further, subtler signs that all the children felt this division between us:

*On the whole, the children shirk from discussing difficult feelings, and respond in stereotypical or sensationalist ways (“They break bottles with a rock and stick you with them!”). There is something significant in their telling me, a sheltered “white” person, this: I sense that they already know my world is not like theirs. They are half-trying to shock me, and at times laugh at these atrocities (because of shame?). Their fears include criminals (“skelms”) who steal your food, police who lock you up, rats and spiders which creep up on you, and men who rape children. This represents both real scenarios, and bogeyman-type phantasies. Both internally and in terms of social context, they are communicating about a harsh, punitive environment. Kurt again asked for fifty cents today – “to buy myself a chocolate with”. (Session seven)*

My own unconscious symbols for consideration included bringing Brownies, Hertzoggies and Koeksisters to sessions. In my process notes, I wondered about an unconscious desire to keep my world separate from that of these very deprived children. I admitted to relief in leaving the sessions, especially as their neediness became more overt (ironically, through my own verbal acknowledgment of it). I knew, as did the children, their school, and the rest of Moretown, that I was a temporary feature in these children’s world:

*Anna held my hand on the way to the car, and carried my heavy bag back. A man in a parked car said, “Don’t fall too deeply in love!” (“Moenie te verliefraak nie!”) as we passed. An older schoolgirl said to Dina, “Don’t you know white people?” (“Ken jy nie witmense nie?”) in an aggressive way. Dina did not respond in any way. Anna commented that my bag was heavy as she put it down. I asked whether the children wanted to play, or stay for the next ten minutes, while I set up. They opted to stay. (Session four)*

The group boundaries helped to set up the out-group dynamic. For once, the group children were the privileged ones in a world of limited resources. The non-group children seemed to be trying to work out how one became a part of the group (By carrying my bags? By staking a claim in the classroom with your schoolbag?). There was a distinctly dangerous feel in their banging on the walls and waiting to rob Robert of his cupcake. In turn, group cohesion was strengthened in the Play Group.

In session five, we played “Demonstrate how you’re feeling”, using our bodies and voices. The relative success of this technique stood in marked contrast with the failure of the Squiggle game in



this context (session four). In both this and the clay exercise (session five), I was surprised and pleased to see some of the children turning to spontaneous play. This had an energetic and frenzied quality, possibly born out of defence:

*I tried to round the children up to talk about the fish calendar, but it was almost impossible. Dina stuck the sticker on. Rochelle's hands were gummed together with reconstituted dough, and she asked me to unzip her or roll her sleeves up for her. Later, she asked me to put her sweater in her bag for her. From early on, the children had been asking if they could take the clay home. It was such a mess at this stage, and there were no figurines, so I said yes. I found Kurt's clay in my bag and asked him if he wanted to take it home. He said to me, in a very understated, adult way, "No, I can't get my hands dirty, otherwise I'll get hit" ("Nee, ek kannie my hande vuil kry nie, dan word ek geslaan"). (Session five)*

It seemed almost as though the projective quality of these exercises sparked both symbolisation and regression. Kurt's offerings to me were clearly a return gift, made in the face of increasingly strong competition, which he had to outwit with stealth. Paul used the clay by passing it to the out-group as though it were riches. In this way, he used the play to make himself powerful. Lena seemed to defend against the regressive effect of the clay by washing the sink like an adult, thereby taking on a more controlled role in the play. Robert spontaneously became a mewling cat, perhaps hungry for nourishment. In many ways the clay, which was made of flour and water and food colouring, suggested this link. I examined my counter-transference feelings:

*I found today's group overwhelming, tiring and saddening. The chaos in the room seemed to reflect the children's fragmentation; I was almost not enough to hold them together. Small wonder they have been defending against drawing their hearts out on paper: this freedom gives rise to unmanageable emotions. The children turn to exorcising them physically (through fighting) or playing at being animals. I feel as if they are clinging to me (which they often do, quite literally) and sucking me dry. This speaks of their tremendous thirst for attention, love and regard. (Session five)*

Rochelle courted my favouritism by wanting special bits of information in her ear, and Lena and Kurt fought over me physically. I had become an idealised object; perhaps because my attitude towards the children suggested endless possibilities of acceptance and nurturance. This resulted in fantasies that I would bring whole cakes, sausages and bicycles. This dramatic response was, again, an indication that the children's other sources of material provision and emotional nourishment were limited. As our relationship grew stronger, the children became more demanding. Session seven, before the break, was saturated with sadness. Even the out-group gave up easily when asked to leave. The children now became increasingly anxious about the division of the biscuits, to the point of smashing them in their rush to get at them. They tore at each other's food, clay, and paint, much as they had fought about who would hold my hand. Beyond a physical hunger, this kind of behaviour suggests an internal world where envy is rife:



Kurt is ravenous for love, and good, warm things inside ("cream inside" the Twinkies). Nothing I give him feels enough. Never mind how much I speak to him about his feelings, or send him out of the room, or how many Twinkies I give him, he still wants more of the "yummy" things and is intent on destroying what other children have (envy). Kurt wants to annihilate other children because they take things away from him. He disappeared when I sent him out of the room in order to punish me and win my concern ("Send me out, and I'll go away completely; you'll never find me again"). This suggests that he is used to punishment and how to play it to get an emotional return. It is also a regression to the paranoid-schizoid position, where concern for the object is lost because of hateful feelings. His way of eating the Twinkie also suggests a reversion to a more primitive oral phase when around me. With a child's wisdom, Rochelle said that Kurt "enjoys" being outside (she noticed that he loves the attention). (Session seven)

Beyond making interpretations, I also began to bring symbols of my own, in order to communicate more effectively with the children (my drawings of sad and angry people, and now the therapeutic story with its plasters). These were an attempt at the concrete "feeling education" described by Peled and Davis (1995):

Joyce said that they had heard this story before, and then the children were delighted when I asked them to tell me what happens in it. They remembered that the Boer had brought cheese (and bread!) and everyone remembered about the noses and started touching mine. I was surprised, because I didn't think they had listened very well when I told the story the first time. I pulled out the plasters and stuck one on Kurt's nose. He let me do this easily, with a touching and surprising vulnerability. Everyone clustered around me: "Give mine, I want to put it on myself!" ("Gee myne, ek wil dit self opsit!"), "Do it for me, Miss!" ("Sit Juffrou myne op!"). Rochelle and Dina both took two plasters. I put a plaster on my own nose, and Lena said, "Teacher's nose is long!" ("Juffrou se neus is lank!"). I said that she was noticing how we differed. Rochelle and Christine briefly put their heads on my laps. I asked, what did the plasters mean? Rochelle said in a tired way that she had no idea. Dina said it meant, "Don't cry!" ("Moenie huil nie!"). Everyone "got" that you touch your nose when you are sad. I said the plaster was for love. (Session seven)

The children had begun to push the limits of this new relationship from session three, and forced me, by session seven, to set clearer boundaries. While they had initially been obedient and quiet, they became quick to slap, hit and pinch each other, and tried constantly to talk over each other. This behaviour arose in direct response to difficult moments, such as when Ben was absent, and when we approached feelings of sadness via the therapeutic story. I handled this by always identifying feelings, but attempting to limit unacceptable behaviour:

As I started to read the story, some more fighting broke out, and after much warning, I had to send Lena out. She seemed amazed and amused, as well as a little scared. Two of her classmates tried to carry her out. Eventually she came out with me, holding my hand. When she came back in, she was very quiet and sad. I said that we had missed her and that I was not angry with her ("But I can't allow you to hurt each other in here"). She warmed quickly at this. Next, Kurt had to be sent out. He smiled slightly, but took it robustly. I called him back soon, and he came to sit next to me, much quieter. (Session seven)

In the above example, the calming effect of boundary-setting lends credence to the idea that children need limits in order to feel safe. Kurt's behaviour suggests that he lives in an environment



where such structure is lacking. His acting out behaviour could thus be read as a demand for a feeling of containment (Winnicott's concept of aggression as a moment of hope, 1946). Meanwhile, the idea of termination become a very painful one for us all:

*At first all the children were competing to be the one to put the sticker on the fish calendar. I asked how many times we would still see each other: "Six!" ("Ses!") "Eight!" (Agt!"). They were clearly shocked when I said next week was our last time. Kurt said, "Mustn't we come anymore then?" ("Moet ons dan nie meer kom nie?") and Joyce asked, "But when is our Play Group then?" ("Maar wanneer is ons Speelgroep dan?"). Lena sat at the back, looking down at her lap. I said that she was very sad, and that I did not blame her. Several children picked the sequins of the fish, and the picture tore. I said they were angry and wanted something of me to take home with them. I have said this so often that Rochelle is starting to chime in with me.*

*The children covered their distress with much excitement at the table about the paint. They showed renewed anxiety about whether everyone had a paintbrush, who held the paint pots, and even whether there was enough paper for everyone. They looked at me with wide eyes as I demonstrated anger, sadness and happiness on the page. An effective painting session followed, in which we really got talking about feelings. Joyce said to me outright, "You are going to leave us and never come back again" ("Juffrou gaan ons los en nooit weer terug kom nie"). (Session seven)*

Note the way in which the children repeatedly responded to talk about separation with renewed greed for material things. This suggests that they were symbolising an internal, emotional hunger in their focus on external objects. They also defended against knowledge of the upcoming loss through denial, and here it was left to me to reinforce the reality of our situation, and to acknowledge their feelings, when they perhaps could not. I realised that allowing myself to be disturbed, and surviving these projected feelings, was important. While the children resorted to reaction formation (fleeing from sadness to excitement), we were able to stay with feeling to the point where Joyce was able to make a direct complaint about our relationship.

By the final session, Rochelle was able to admit that she was angry at me, and would like to "stick" me with a knife, perhaps because I had modelled that the purpose of this group was to talk about difficult feelings, and that there would be no negative consequences of doing so. This final session was full of symbols of sickness and a desire for nurturance, which I duly "read" for them. Rochelle responded to my huge pacifying cake on a symbolic level, by rejecting it as having too much sugar, which caused her pain in her teeth. I was giving her a bad internal experience by leaving her, and she was remonstrating against taking it in. The cake would not make up for anything. Ultimately, Rochelle was able to translate the Play Group lesson, that it is permissible to talk about emotional pain, to conversations with her teacher. I felt that she had first learnt this idea from my making her symbolised anger explicit, and then, by trying it out herself in the context of our relationship, and seeing me survive it.



In retrospect, the Play Group began with tentative symbolisation, which I interpreted, and capitalised on. I communicated in terms of stories, plasters, drawings, ideas about animals, and games. The children engaged in an increasingly rich use of symbolisation themselves, using drawings, stories, actions, words and play. It has been argued that my translation of their meanings promoted our bond. Within this growing relationship, moments of implicit learning about the nature of mutual care and understanding seemed to occur.

### **3.4 Some dominant themes: a discussion**

Several main themes emerged in the Play Group. Below, these will be looked at in turn in terms of their connection both to a social context, and to an internal world. The ways in which change occurred around these themes during the process of the intervention will also be considered.

#### **i) Deprivation**

Poverty...can lead to a cycle of demoralisation which can seriously affect the quality of parent-infant interaction...and we know that this interaction can have profound implications for subsequent development. Breaking this cycle is a question not only of economics, but also of psychological change. (Swartz, 1998, p. 253; ellipsis added)

It has been suggested that the majority of poor South African children live in a harsh social context of hunger, violence and neglect. The Play Group experience suggested that deprivation is a central feature of childhood in Moretown. Psychodynamic thought has been shown to hold that physical deprivation during childhood results in an internal representation of objects as withholding, abusive and untrustworthy. The child may develop greedy and destructive behaviours in response to this sense of an internal wasteland, and such behaviour consequently needs to be seen as an attempt to meet emotional needs, and not only physical ones.

In Moretown, the children initially took cookies politely and passed each other paper. As they realised they were being accepted within a safe therapeutic relationship, in which the expression of feeling was not punished, huge battles erupted over all material things, including food, clay, paper, pens and paint. This was both about not having enough in the material world, and about feeling depleted internally. Hence, beneath the struggle for biscuits lay a competition for my love and attention. The elaborate cookie-eating rituals came to stand for filling an emotional vacuum, and this amplified their importance in our therapy. The children further showed their need for love by holding my hand, climbing into my lap, and playing with my hair. At times when separation threatened, their clamouring for material things escalated.



Sexual content was recurrent in the children's drawings and play. They also spoke, some with fear and shame, and some quite casually, about violence and physical and emotional abuse. In some cases, such as Kurt's drawing himself in his bed, with muscles like Jesus, this was obscurely symbolised. Similarly, stories of rats, sick grandmothers, and gangsters represented both aspects of the physical world, and a dangerous or even "ill" internal world (in the sense of feeling insufficiently cared for). While it was alarming for me to realise the extent of the children's neediness, I took my current task to be the acknowledgement of these feelings. It seemed at times that the children showed gratitude for my recognition of their emotional hunger:

*The children spontaneously sat in a tight, small group on the blanket, and showed me where I should sit. They were looking expectantly at the cookies. There was an atmosphere of intimacy. I held the plate for them and each took one. Christine took two, which someone pointed out to me. I said that maybe she was very hungry. I asked if they could share the extra ones, which to my surprise, they did. Someone said there was "yummy jam" ("lekker jam") inside. Someone else drew my attention to Paul, who was digging his fingers into the jam. They ate their cookies in a showy way, to make the children at the window jealous. (Session four)*

The Play Group gave the children permission to express their hungry, greedy internal worlds, perhaps because they sampled a different kind of relationship with a reliable, consistent object in the form of the therapist. By reflecting on what I saw in feeling terms, I in effect encouraged this expression, and it grew to fever pitch with demands to come home with me (to permanently put good things inside). While I could not meet this need in the external world, it was hoped that the Play Group experience, and the therapist, could become a different kind of internal object.

## **ii) Lack of structure**

Secondly, the Play Group process highlighted the lack of structure in the children's lives. The referral information described children who were often unsupervised, and who lacked routine and privacy. The result of instability in children's lives is that an internal representation of chaos may be established, which continues to govern social responses even when circumstances change. Behavioural problems in terms of self-regulation may result.

Conversely, the Play Group offered a very clear sense of structure, based on psychoanalytic ideas that the boundaries of the therapeutic space are central to its healing effect. Within this firm framework, the children felt safe enough to allow their sense of internal chaos to emerge. As a result, the sessions moved from stilted obedience to an over-arching messiness, which left me feeling overwhelmed. I began increasingly to rely on the presence of my cameraman (Ben), as did the children. The sense that we were all on a small ship in an extremely stormy ocean was exacerbated by repeated power failures and faulty camera equipment. The two sessions in which



Ben was absent were the most chaotic and difficult to bear. The children responded angrily to this break in the routine, as described. Amusingly, my ritual after sessions became one of tidying my tog-bag, neatly repacking what felt like hundreds of felt-tip pens, and washing my face with cold water. The children wrote their names in the dust on my car – later, I washed it. I baked a cake for the final session, and watched wryly as all the Smarties slipped down the caramel icing, smearing their colours along the way.

My sense of a loss of control perhaps carried the children's feeling that they were powerless in a chaotic environment. They were responding to a sense of internal chaos even though the sessions largely provided a safe and predictable context. Their attempts at persuading me to give them more could be read as a kicking against the boundaries I had set, and as such needed to be resisted. This interpretation was made because, parallel to the emerging "messiness", a distinct demand for stability was being symbolised:

*Rochelle's desire to lay out the cookies signifies the importance of routine to her, as does the children's question whether we could draw at the tables again today, and Paul's desire to see the felt-tips every session. We can hypothesise that these children do not have sufficient consistency at home. (Session four)*

### **iii) Negative interactions**

Thirdly, the children showed an inability to express emotions in constructive ways. Instead, numerous negative interactions among group members arose, as they resorted to destructive acting out. Previously, it was demonstrated that poor maternal response, family involvement, violence at home, and physical deprivation can all lead to poor attachment styles. The child internalises a working model of self as unworthy of care, and of other people as incapable of meeting his/her needs. The result is that the child moves into the social world with a sense of apprehension and a tendency to rely on his/her own resources. Such children may become socially withdrawn, or aggressive. Instead of relying on peers in a satisfying and mutual interchange, other children are used as objects in selfish ways (Bion, 1959).

In the Play Group, there was an initial surface politeness in the first two sessions, perhaps because the children knew that consideration impresses adults. This soon deteriorated into a lack of pro-social behaviour: instead of sharing the materials and the therapist and showing empathy for each other, each child fought for him/herself. It has been hypothesised that the reason for this is that the therapist's reflective and interpretive attitude acknowledged the emotional hunger that lay beneath such behaviours. The children's anxious, clinging and grabbing behaviour indicated that they might have been experiencing inconsistency, neglect or abuse at home. Their poor attachment styles were resulting in poor impulse control and poor peer relations. Ironically, as explicated earlier, it is



exactly during times of environmental stress that the peer group becomes more important in supporting the child. Stellenbosch University <http://scholar.sun.ac.za>

In session, they acted out in symbolic ways which included hitting each other, stealing, begging, and lying. On the one hand, the children were responding to material need. It was suggested earlier, after Winnicott (1946), that such “delinquent” behaviours could also be an attempt at procuring tolerance and understanding. Part of the Play Group’s purpose was to encourage a milieu in which the children would learn to reflect about each other, and to comment in constructive ways about each other’s feelings and behaviours. The therapist was continuously engaged in the task of pointing out the deeper meanings of some of these negative interactions, and in offering alternative ways of dealing with difficult feelings of not having enough. Some of the children did, in modeling themselves on the therapist, start to comment on each other’s drawings and conversation. However, the overwhelming quality of their deprivation threatened to swamp the proceedings time and again.

#### **iv) Power struggles**

Subsequently, the children began to engage in power struggles with each other. Where resources are limited, it becomes necessary to fight for survival. Internally, a feeling that one is pitted against a combative world may develop. The child’s internal objects may seem constantly in competition with the self. As seen in the case of Kurt, a continuous readiness to do battle may result. In his therapy, Kurt consistently symbolised a victorious battle for survival, whereas his reality in an abusive adult world, and his internal representation of it, was one of powerlessness.

Within the Play Group, Kurt fought to become a leader from the start, because he was responding to an internal conviction that we, too, would attempt to rob him of his agency. He was challenged in this by the stronger children such as Rochelle, Lena and Joyce. There was a constant jostling for position - sometimes physically, with children pushing for a space on my lap. I did not disallow this, but also interpreted it. I soon formulated an idea of the Play Group as a hungry gang, responding to physical and emotional deficits with multiple defensive strategies, and a cut-throat mentality. The inability to relate to objects, and to resort to object-usage as a mode of defence, was graphically illustrated. This meant that empathetic peer relationships became impossible. At the same time, the literature review has suggested that an important function of group work is an understanding of status differences.

In the transference, the children began to do battle with me as well, in terms of how much agency they had, and what they were allowed or not allowed to do. When they tested me with swear words and naughtiness, I said that they wanted to see how I would react. Joyce’s comment that I would not get cross because I loved them seems to lend credence to the idea that children will struggle to read



physical punishment, given in anger, as anything other than lovelessness. There were also territorial issues such as who would carry my bags, who would take care of the cookies, and who would be allowed into the room. Non-group children (such as Ella, who came and went) could sense this primal horde identity:

*Rochelle and Ella came in at this point, and sat close to me on their knees. Someone said that they couldn't have any cookies now, because they were too late. Someone else said that Ella wasn't even at their school. Both Rochelle and Ella looked dumbstruck. I encouraged the children to share, and Christine gave half her Twinkie away, and then Dina did the same. Ella ate with a frightened face, and then Rochelle said Ella needed to go to the toilet. Soon afterwards, Rochelle said that Ella would not be coming back, that she was scared of the group. Lena said, "She doesn't have to be afraid of us!" ("Sy's bang vir ons, sy hoef nie te wees nie!"). Joyce said, "When are we going to write?" ("Wanneer gaan ons skryf?"). I got up to fetch the story and Lena noted that I was tall" like her mother" ("Juffrou is lank, soos my ma"). (Session seven)*

Just as there had been at the clinic, and in the Play Group, a sense of power play soon emerged in interaction with the teachers. Ostensibly, the school had welcomed the chance to lighten its burden by getting assistance with difficult or suffering children. However, the implication was that I was somehow better able to manage these cases than the teachers who struggled with them daily. Furthermore, I closed the intervention with a psycho-educational session for the teachers, thereby handing the problem back. I focused on the reasons why children are naughty and quiet, self-image, and corporal punishment.

During this session, to which I brought Koeksisters, the teachers told me in unconscious ways how intrusive I had been. Firstly, they did not eat my symbol of sisterhood immediately, preferring to take it home. Mrs F, who had attended the needs assessment meetings at the clinic from the start, felt strong enough to challenge me about spanking not being a good idea ("It's in the Bible"/ "Dis in die Bybel"), but Mrs C sat sighing silently, and denied her "scepticism" when I reflected on it. Their comment on hyperactivity being the result of children being fed "sweet stuff" ("soetgoed"), with a glance at the Koeksisters, seemed a hardly veiled criticism of me. I was also aware of the fact that my suggestions could be felt to be adding further to their burden.

#### **v) Developmental delays**

Developmental delays were evident in most of the children's drawings. In the literature review, it was hypothesised that developmental delays are the product both of organic determinants such as malnutrition, and a lack of the early maternal responsivity needed to make the child feel safe enough to explore the world. Motherhood under conditions of poverty may entail a chronic frustration of the child's needs (via depressed, preoccupied or absent caregivers). The infant may experience a lack of the emotional breast as retribution for its own aggression. Without sufficient



assurance, the child's symbolic relation to the social context is inhibited. A cycle is set up whereby a lack of curiosity, resulting in learning difficulties, leaves the child feeling slow and being treated as stupid in the classroom situation. Self-loathing can result. Hatred for self develops in response to having "hatred" (an interpretation of environmental deficit) shown towards one. Deprivation can thus turn into an internalised sense of "badness" and inferiority.

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Poor self-image was evident in the Play Group members. In defence, they projected bad feelings onto others, including the facilitator, in a process of projective identification. When Kurt hit other children, or spat chalk in class, he was essentially creating the experience, for others, of what it was like to be treated abusively. A Play Group member commented that "they didn't teach him any manners at home". Psychodynamically, we might say that deprivation and abuse had given Kurt an internal experience of worthlessness, which he was symbolising with bad behaviour at school.

The Play Group children's drawings, letters and numbers most prominently suggested developmental delay. Most of them were receiving remedial teaching, and several were repeating a grade. I was worried about Paul, who tended to scribble in a pre-representational way, and mostly refused to say what he was drawing. Dubowski (1990) described the "scribble stage" as the equivalent of "babble" in linguistic development. Younger children (or developmentally delayed ones?) simply have no linguistic counterpart for what they have drawn, and hence will say that they do not "know" what they have depicted, or even deny that they have drawn it. Dina also produced a "tadpole-man" figure, which Dubowski (1990) reminded us is the first move away from scribble. A surprising result of the Play Group process was the teachers' report that the children's schoolwork had improved. It could be hypothesised that the internalisation of a good experience in the social context was stabilising, and had helped them to re-relate to the learning environment.

## **vi) Identity**

Psychodynamically, identity is thought to develop initially through early interactions with the mother. If a child is adequately mirrored, and his/her projections can be contained, detoxified, and returned in less threatening forms, a sense that the self is secure in the world develops. In the Play Group, the children may have carried a sense of being unrecognised in a world of unreliable objects, occasioned by external circumstances of poverty which make adequate parenting difficult. They responded dramatically to the reflection of their feelings, and to interpretations which alluded to this internal state of not-being. A sense that they belonged in the Play Group emerged. I became, in the transference, a caregiver who offered a permanent sense of being loved (a sense of family):



They asked if they could take the art materials home - just one felt-tip each? Rochelle said it was better that I keep them, because otherwise the other children would use them. I said I would keep them in safety for the group's use next week. Anna threw her arms around me. Lena played with my hair. (Session four)

A distinct out-group emerged in the form of excluded, non-group members who started peering in at the windows and waiting for my car. The fact that this meagre group, with its sparse activities and a packet of cookies, could feel like such a privilege starkly portrayed these children's deprivation. I felt discomfort with the presence of children whom I could not help, and made the mistake of allowing them to play with our ball before one session (significantly, a session in which Ben was absent and my authority diminished). The interest in our group escalated as a result:

*As I stopped the car, Rochelle came up to the passenger window, and asked, "Is Miss going to take us home today?" ("Gaan Juffrou ons vandag huietoe vat?") and I said, "No, Rochelle" ("Nee, Rochelle") through the glass. About fifteen children whom I did not know swarmed to the boot of my car and started grabbing my bags. I had to show them which ones to leave, and asked whether only the children in my group would help with the carrying. When we got to the classroom, they were all clustered at the door and starting to pile in. I asked all the children who were not in our group to leave now. (Session five)*

## **vii) Loss**

The children were concerned about my leaving them, and tried to find ways to build a permanent relationship with me. In psychodynamic terms, separation becomes problematic in relationships when there has been a history of abandonment or inconsistent mothering in infancy. The child fails to build up a constant internal image that can be relied on during times of stress. In adult life, this may translate into an inability to "mother" oneself, even though, in terms of a social context, one does not need physical mothering anymore. Furthermore, it may become difficult to make use of support when it is offered. Emanuel (2002) has written about three levels of deprivation, namely external circumstances, internal sources (as the child develops defences which prevent him/her from making use of support), and the re-enactment of abandonment as caregivers terminate. This means that it is very important to prepare for separation from the start of therapy, which reframes it not as a further abandonment, but as a manageable ending. It is hope that in this way children learn that not all partings need be internally destructive, and that this will help to prepare them for the certainty of loss during the lifespan.

The dramatic effect of Ben's unprepared-for absence has been demonstrated and analysed. The children also became angry that I was going to leave (the protest phase of attachment behaviour), but we had scheduled time in which I tried to help them express this so that I could contain it. By the time I saw a few of the children outside the teacher's feedback session after termination, however, they had entered a detached phase in which they had given up hope for my return. Anna



hid behind a pole, intermittently peering at me and drawing on it with a felt-tip pen. It might have been one of the few pens that had gone missing towards the end of our process together, and was, as such, a symbol of permanence (carrying the Play Group out of the sessions, into the social context). It was hoped that the children might have built up a representation of our relationship which they could draw on in future relating.

#### **viii) Inability to play**

The outcome of severe physical and emotional deprivation may result in an inability to play, as demonstrated in the literature review. Klein (1930) has suggested that symbols are important in exploring the external world. Children who are fixated at a particular stage are unable to move into the transitional space between the mother and child, where symbols have a very important function. As a result, the question has been posed whether children who are severely deprived would be able to make use of a therapeutic group involving play. Initially, the Play Group children showed a limited ability to play symbolically, but it could be said that in time I was able to rejuvenate their playing abilities via my own enjoyment of play.

In the above section, several themes were highlighted as emerging during the Play Group process. It has been shown how these represented both a harsh social context, and the ways in which that context had become a part of the children's internal landscapes. Broadly, we might say that deprivation results in problems with learning, relating, and playing, and that, internally, it is represented as a lack of structure, identity, and self-esteem.

### **4. Conclusion**

#### **4.1 Summary of findings**

No a priori theory or paradigm can possibly predict or substitute for the experiences of those involved in community interventions. (We are) challenged to resist the tendency towards imposing theoretical frameworks that may be reductionist and inadequate for understanding a community's experiences. (Seedat et al., 2001, p. 9)

This paper has argued that it is necessary to be inventive with both psychodynamic and community psychology paradigms. The case study outlined above has demonstrated one attempt at the practical application of this idea. In overview, this intervention attempted to put an understanding of the children's experience first, and used ideas from different paradigms to elicit this. The result is an "alive" account in which the children come to the fore in all their complexity and ambivalence.



The referred children came from a harsh social environment, which was hinted at in skeletal referral information. Even without the latter, the ways in which they symbolised their internal lives could lead one to infer the conditions of their past and current contexts. It was found that several of the presenting problems, including behavioural concerns and poor schoolwork, were in fact means of defence against difficult feelings arising out of environmental deficit, including neglect and inadequate supervision by parents. Psychodynamic thought was particularly useful here, in that its understanding of the processes of defence yielded important information for an in-depth needs assessment.

Initially, it was the practitioner's intention to provide a peer group experience which would facilitate the children's discovery of personal strengths and the expression of difficult feelings. It was hoped that the group format would extend the Play Group experience, whereby children noticed and commented on each other, into a supportive atmosphere between these children at school and at home. While arriving with ideas for initial sessions, it seemed in line with both psychodynamic and community paradigms to allow the children their own agency. A psychodynamic lens was used to help the practitioner understand the deeper meaning of what she was seeing. This helped to inform the direction of the sessions, which remained flexible. Psychodynamic thought helped me to throw off the mantle of the therapeutic superman (Duncan, 1997) and allow the children to lead me. I framed my approach as bringing Bion's "penetrating beam of darkness" to bear on this community, so different to my own, rather attempting to bring a priori knowledge and conviction to what I was doing (quoted in Casement, 1985, p. 223).

The relationship which was set up in this context was, ultimately, a fraught one. It seemed that there was a covert resistance to this kind of meeting, exacerbated by the effects of Apartheid and the power differential implicit in community work. Initially, the teachers were polite and helpful. There were signs, such as locked classrooms, teasing comments and surly faces, however, that I was felt to be an interloper who thought I could care better for these children than their over-burdened teachers. I was able to read and understand these, often unconscious, communications as the teachers' own need for support. Psychodynamic thinking was thus found to be a useful decoder of signs in a community where "straight-speak" between the children, their teachers and myself as an outsider was practically non-existent to begin with, due to power differentials.

### **i) Overview of the process**

The children were quiet and obedient for the first two sessions, but seemed constantly to be reading me and the limits of this new space. As described in Section 3.3, several shifts were then noticed in the behaviour and attitudes of the children, which has been ascribed to the influence of the



therapeutic relationship and the role of interpretation. It was found that these changes occurred rapidly. The children bonded very quickly with the practitioner, as the transference was revealed. While there had initially been a reticence or perhaps an inability to play, they began increasingly to symbolise their feelings, first through art and play, and ultimately, through words. A degree of skills-sharing occurred in that children who spoke more about themselves and their drawings led by example. In this sense, the group format could be said to have been an effective teacher of imitation, reciprocity and competition, which are the building blocks for social skills. Some of the children showed little progress, however, as was also reflected by the teachers' feedback mapping changes in classroom behaviour.

The children began to make personal demands on the practitioner, who increasingly experienced a sense of being overwhelmed and surrounded by "mess". It was hypothesised, in psychodynamic supervision, that such feelings were the result of projective identification: the practitioner was carrying the disavowed, painful aspects of the children's experience (the messiness of emotion). It became important to keep firm boundaries in place in order to maintain a containing environment for both the clients and the practitioner. By applying "brave receptive listening" (Alvarez, 1992), in other words, interpreting and reflecting, these feelings were "survived", instead of acted upon. It seemed important, on this level, to sit with the need, and not to "rescue" the children. It was hoped that our sessions provided some holding, as well as recognition and return of the "missing aspects" of these small clients (Alvarez, 1992, p. 2).

With a community psychology perspective in mind, however, this was not enough. The process needed to be extended to trying to make a difference in the children's social contexts. The information that had been psychodynamically gathered (in a kind of needs assessment) was thus used to inform a detailed feedback session with the teachers, and a written communication to the parents. At the university, I made suggestions for future interventions. I thereby attempted to assist a process of change, by improving an understanding of these children. Contrary, perhaps, to initial impressions about a psychodynamic approach, it could be argued that such an understanding will compel a clinician to social or political action, because it offers the practitioner an almost immediate experience of the emotional effects of deprivation by means of projective identification.

The data seems to suggest group therapy and individual therapy can be very powerful with these children. At the same time, the process yielded important information about these clients, the most prominent of which is summarised below.



## **ii) Overview of emergent themes**

A prominent theme that emerged was deprivation, both in the material sense, and in terms of an internal deficit. Perhaps themes of deprivation and inequality are highlighted in such encounters, because the practitioner is an interloper, and a power differential always exists. Furthermore, the children revealed a lack of structure in their lives, and poor self-image. There were negative interactions and power struggles with each other, and issues of identity in relation to the group arose. There were signs of developmental delay. The children struggled with the issue of separation, suggesting that this was an existent point of pain. It seemed as though they could not play initially, due perhaps to deficient early relationships which, it has been shown, can delay the child's move into the transitional, symbolic space.

Above, it has been hypothesised that these themes were the result of a harsh social context which had become represented internally. This internal schema seemed to regulate the way the children related to the practitioner, who was essentially providing a very different kind of environment, involving biscuits, attention, and regard. Nevertheless, the children continued to expect abandonment, and to feel unsafe. Any mention of separation resulted in an immediate panic about the availability of food and art materials. This pertinently demonstrates the relationship between emotional life and its symbolisation in the social world. We cannot say that these children were merely hungry for food when they grabbed the biscuits. It has been argued that a psychodynamic approach explicates the multiple levels of social behaviour, including its unconscious aspects, and that such an understanding can be translated to disadvantaged children in the service of their mental health.

## **iii) Assessment**

Perhaps the surest way to assess the effectiveness of this intervention as therapy is to consult with the clients. Rochelle commented that it was nice ("lekker") to be in the therapeutic space, to the degree that she did not want to leave it. Mrs F told me that she heard from the children that we "have a party" on Monday afternoons ("Ek hoor julle hou lekker partytjie"). This suggests that the children were appreciative of a sense of communication, togetherness, and fun. Perhaps the biscuits and the many coloured felt-tips felt like a celebration.

Upon assessment, it seemed as though a psychodynamic perspective allowed a very rich description of the children, which could fruitfully be shared with their teachers and parents. The sessions were themselves therapeutic, but also contributed to our understanding of the community of Moretown,



which was then fed back to the community. The implication is that specialist knowledge can be used to inform and support community development. It is recommended that further research of this nature, on a wider scale, should occur. In terms of therapy, the approach used here could be extended in group work with adults, again drawing on relationship and interpretation to understand symbolic communications.

The idea of a space where the children can relate to an adult in a new way seemed to be effective, but it took much more energy, patience, and consistency than I had anticipated. It allowed quiet children to begin speaking, and attention-seeking, talkative children to become more reflective. The children had seemed to grasp the idea of being co-therapists and commentators on each other's work. I found that I needed to be much more concrete, with visual examples and demonstration, than expected. The playdough, paint and therapeutic story seemed particularly effective because they made accessing feeling easier.

The implication here is that psychodynamic therapy can indeed be very effective with deprived children, but that it will remain arduous work due to the counter-transference effects in a context of deprivation. Psychodynamic supervision is recommended, in which the practitioner can examine counter-transference feelings. Therapists will need to remain open to suggestion and be prepared to improvise. Art therapy may be utilised in community settings, even in work with adults. Further research into the internal lives of community members needs to occur, using psychodynamic tools. For example, infant observation is an effective way to study both the cultural and social aspects of a child's life, and the impact this has on development.

At no time did it feel as though the children were somehow being blamed for their situation and the feelings they had about it (Miller, 1991). On the contrary, the psychodynamic viewpoint allowed us to see how the external world had impacted disastrously on each individual's inner world: these children are literally being shaped by the socio-political environment. In some respects, I tried to become a part of that environment in an attempt to bring about change.

On the other hand, the boundaries of the therapeutic space seemed important in lives where abuse had resulted in internal chaos. It seemed that ultimately they could only progress by accessing these repressed or split-off parts of themselves. The Play Group created a safe therapeutic context in which separations and endings were planned and feelings about them discussed at length. We can hypothesise that this kind of experience stands in sharp contrast to the emotional and physical abandonment which can be one of the sequelae of poverty for children.



This kind of work should, of course, be seen in tandem with efforts to change what are massive environmental deficits. Stellenbosch University <http://scholar.sun.ac.za> Levine and Perkins (1997) have reminded us that “the focus is on creating settings that empower segments of a community to control their own resources, rather than on solving problems in a once-and-for-all convergent sense” (p. 395). There is some comfort in this, because this intervention has graphically demonstrated that need hugely overpowers resources in a community setting; one psychologist may be unable to make a lasting difference for even just nine children. Ultimately, a community is an expert on itself, and it is this power that a psychodynamic community psychology would aim to harness. Beyond an eye on the unconscious, transference, and the mechanisms of defence, the community psychologist needs to become a child herself, albeit a frightened one at times, in a new world.

Rustin (1989) has said, “The experience of working out one’s own personal solution and of living with or trying to shift the imperfections of one’s solution can be quite a painful challenge” (p. 11). My “personal solution” to the dilemma of Moretown’s children was to create an intervention which aimed at prevention and empowerment, but was also able to interpret the needs and trauma symbolised in their art and play, and their relationship with me. I made meaning explicit by interpreting their comments, and while this brought the painfulness of their situation dramatically to the fore, it also allowed us to speak about it, and ultimately survive it.

In conclusion, it is interesting to note that the practitioner struggled to feel good about the intervention after termination, possibly because the counter-transference experienced when working in severely deprived communities is so painful. This ties in with accounts cited in the literature review. It was felt that without objective supervision, it would be very difficult to feel “enough” when doing such work, perhaps because the therapist’s own need to be good and to do good is challenged in work with disadvantaged children. The counter-transference warrants further investigation, and psychodynamic thought is an unequalled tool in this process. That which these children lack becomes the very substance of their therapy, and it needs to be experienced and borne. Some therapists have taken the view that it is too difficult to work with clients to whom one cannot give all one wants; that it is better to give nothing at all. This intervention has demonstrated that huge shifts can occur in a short space of time, which is a hopeful finding: children can indeed do something with very little, in emotional terms.

The authors wish to conclude that the psychodynamic use of the relationship and interpretation are enduringly useful and will, in fact, stand up to readjustment and application in new contexts. As a result, it is recommended that psychodynamic practitioners continue to make inventive use of ideas from the Tavistock when working in South African communities. In fact, these tools allow the practitioner greater insight and containment in work occurring within harsh social contexts, and



against the history of Apartheid. As shown in the case study, interventions that bring South Africans together across race and class boundaries are often riddled with difficulty. This article has suggested that there is in fact no theoretical way around this; a new psychology needs to be forged in the heat of conflict, misunderstanding and small meetings.

## **4.2 Shortcomings of the intervention**

### **i) The intervention as therapy**

The intervention attempted to empower the children as individuals, but could probably have done more for the long-term success of this by empowering their teachers first. I had not consulted sufficiently with the teachers about the kind of intervention they might have liked; nor had I explored ways in which they could have been more involved in the Play Group process. The Play Group was an idea proposed by an external psychologist, and when I left, beyond giving suggestions as to what these children might need, I took the knowledge of how to facilitate such a group away with me. Joyce once prefaced a story with, “We talk here, don’t we?”, as though to reassure herself that it was all right to expose painful material in session. The reality remained, however, that even if this were a skill she was learning within group, she would probably not be encouraged to practise it in other contexts. For the same reasons, it was unfortunate that my attempts at contacting and involving the parents failed. Perhaps an approach which involved them in the formulation of the Play Group as a concept might have encouraged more interest. This intervention was ultimately not able to address the issue of sustainability.

On the other hand, one could argue that the intervention was able to function as effectively as it did because it largely involved only the children and the practitioner. In this sense it was protected from interference by parents and teachers who might have wanted to jeopardise the therapy for unconscious reasons. Any intervention which involves consultation with role players in children’s lives will need to address these forces. Again, a focus on relationship and well-timed interpretation could be useful in this process.

The Play Group was handicapped by limited referral information. However, this lack became a benefit in that it helped to show that children’s representations of internal life give clear clues as to their social context and history. The school had referred children who needed remedial teaching; who were, in other words, problematic for the teachers, and presumably other, also emotionally troubled children who were progressing better might have been overlooked. New children were still arriving by session three, which upset group cohesion and may have increased feelings of insecurity. The classroom venue, although convenient and safe for the children, had its problems:



besides other children causing a disturbance, it took the children a long time to believe that the practitioner was not a teacher. The group size was too large for one facilitator, and a second facilitator would have provided necessary emotional support around this work. The consequences of having an “observer” were perhaps insufficiently considered. The fact that Ben became an important part of the Play Group process without knowing it was difficult: when he was absent for two sessions, the children posited him as yet another disappearing father. On the other hand, when he returned, I had to ask him to retain the observation stance.

In retrospect, I needed to do more energy-releasing activities, and to be firmer with limit-setting. Part of the problem was that the group was too large for one facilitator to handle. I perhaps tried too many “activities”; Schiffer has suggested that less is probably more: “Often simply experiencing strong emotional expression in an accepting group environment is sufficient” (quoted in Siepker & Kandaras, 1985, p. 382). Sharp and Cowie (1998) added that “adults may not need to do extraordinary things to be supportive” (p. 62).

It was extremely difficult to have suspicions about physical and sexual abuse among the children, but to be silenced on the issue by a promise that the Eye On The Child project would protect them. It felt as though this was not sufficient follow-up, and raised ethical issues.

## **ii) The intervention as research**

The primary shortcoming of the Play Group is that it was designed as a therapeutic intervention, and in this way the validity of its data is limited. It is hoped that the children were able to internalise something of the stability the Play Group attempted to provide, but without structures in place for follow-up, it is almost impossible to gauge the long-term effects of the group. It is therefore not clear how successful the group experience was in terms of a preventative measure against future psychopathology. The data acquired, although revealing, is difficult to systematise and is therefore marginally useful in terms of research.

## **4.3 Implications for future therapy and research**

### **i) Therapy**

It has been suggested that future interventions in Moretown utilise the information gathered in the Play Group in order to work preventatively with its parents, teachers, pastors, social workers and clinic staff. This could be implemented in a consultation process which aims to support such front-line workers emotionally, and uses psychodynamic thought to negotiate such relationships.



In an early interview with Mrs F about the school as institution, I noticed her enjoyment in being asked about all the teachers did for the children. My recognition of the very difficult multi-tasking they managed seemed important. Some strife had arisen with the new headmaster, which perhaps expressed the resentment they must have felt on some level at always needing to be available for children whose parents could not do enough. The school, just like its children, was not as homogeneous and happy a community as it first appeared to be. It was clear to me that Moretown's teachers also needed support. A consultation relationship could help to unpack some of its institutional dynamics, including what these say about the conditions of deprivation under which the school operates.

The Play Group may of itself be a suitable model for community intervention, if it runs as a long-term group. It is recommended that facilitators work in tandem, with smaller groups, and with several groups during the course of each year. Teachers could be invited to observe some sessions, and to take an understanding of unconscious communication into the classroom. Children such as those in Moretown need repeated experiences of a containing structure within another person in order to eventually develop a structure within themselves for dealing with their own distress (Shuttleworth, quoted in Miller et al., 1989). South African psychology does not have the manpower to meet this huge need, and therefore peers, teachers, parents and other adults in the lives of poor children are called upon to learn skills which will be mutually strengthening in the face of adversity.

## **ii) Research**

Ultimately, this paper has proposed one model for journeying respectfully into lives of poor children. Psychodynamic thought is recommended as a useful tool in future needs assessments, because it can help to unpack both the child's social context and his/her internal representation of it. The latter, it has been argued, uses symbols and relationship to articulate more information than self-report might. This is especially so in the case of young children, where accurate self-report is limited.

It is also proposed that a focus should turn, in line with community psychology principles of prevention and empowerment, to the study of mother/infant behaviour. In Moretown, for example, the principles of psychodynamic infant observation could be used in assessing appropriate interventions around maternal response. The latter might take the form of group work around parenting skills and the developmental needs of children. What would the effects be of interpreting to clients in this context? Such groups might contribute to the long-term goal of changing the social



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**Table of Play Group participants <sup>1</sup>**

Name	Gender	Age	Grade
Robert	M	8 years 3 months	1
Paul	M	7 years 8 months	1 (repeating)
Anna	F	7 years 5 months	1
Joyce	F	Unknown	2
Rochelle	F	Unknown	1
Dina	F	Unknown	1
Kurt	M	Unknown	1
Lena	F	7 years 0 months	2
Christine	F	Unknown	1

**Referral Information <sup>2</sup>**

Robert	Quiet and dreamy in class. Mother, who doesn't work, has been called in by school. Receiving remedial teaching. Father struggles to accept this.
Paul	Withdrawn and talks very little in class, although his speech is good. Many people living in one house. Sleeps during class and possibly watches TV till late. May have a nutritional problem and comes to school unwashed. Doesn't bring food to school, eats in the soup kitchen. Teacher brings him clothes. Mother has been called in by school. Only one parent works. Receiving remedial teaching. Three siblings. "Stubborn" and doesn't play. Sometimes doesn't even start a given activity.
Anna	Father is violent towards mother and has committed a murder. Father seldom home; parents unmarried. An only child. Lived with grandmother for first 3 months of the year; poor school attendance at this time and schoolwork suffered. Well-groomed child. No problematic behaviour in class, but doesn't want to go home. Both parents work and no-one is home in the afternoons. House is still being built. Mother is strict.
Joyce	Quiet in class
Rochelle	Comes to school unwashed. Mother (single parent) has been called in by school. Father has a drinking problem. One younger sibling. Very playful, with poor concentration. Sleeps in room where TV is. Schoolwork poor; doesn't complete tasks. Seems preoccupied. Social child.

<sup>1</sup> Ella attended parts of two sessions. Rachel attended the final session only.

<sup>2</sup> As described by the teachers.



Dina	<p>Stellenbosch University  <a href="http://www.stellenbosch.ac.za">http://www.stellenbosch.ac.za</a></p> <p>Father is alcoholic. Has been called in by school. Drinking behaviour in house on weekends. Very quiet child who does not communicate, but talks more when teacher is not looking, or is away. Watches other children. Lies on the desk instead of working. Very slow worker; reluctant to work. "Does nothing". Doesn't respond to questions. Will not answer when asked why was absent. Father describes her as "stubborn". Brings little food to school, uses soup kitchen. Mother's whereabouts unknown. Two older siblings in high school.</p>
Kurt	<p>Living with his grandmother, who has a new, younger partner. Both have been called in by school. Father and mother live in different towns, outside Moretown. Sometimes arrives at school at 10h00, says he "got tired"; seen to be playing with dogs en route. Aggressive and fights in class. Asks for food. "Spoilt". Brings money to school instead of food. Breaks chalk. Comes to school unwashed, "even though there is water at home". Grandmother a nurse at the clinic.</p>
Lena	<p>Poor schoolwork but not receiving remedial teaching. "Does nothing" in class. Poor concentration and doesn't listen. On her own a lot. Distracts other children. Lives with grandmother. Described as swearing at home, and being rude. "No discipline". The grandmother struggles to handle her. Mother has a drinking problem and lives elsewhere, with a sister; mother never sees the child. Father's whereabouts unknown. Mother and grandmother have been called in by school. Difficult to get grandmother to come in. Child was sick as a baby "and something of this remained".</p>
Christine	<p>"Slow child". Poor schoolwork. Remedial teaching. Father killed in the street; child came across his body. Teachers give child clothes; she stays home in winter. Doesn't bring food to school. Thin and small for her age. Mother a domestic worker. Alcohol possibly a problem. Mother doesn't respond to letters from school. Child shows little emotion and doesn't socialise. Goes to clinic for TB medication daily.</p>



## Appendix B

**Table of Play Group activities**

<b>Session</b>	<b>Activities</b>
<b>1</b>	Orientation and limit-setting Icebreaker name/ball game Drawing (own choice) Discussion of drawings
<b>2</b>	Reiteration of group norms Kinetic Family Drawing Discussion of drawings
<b>3</b>	Reiteration of group norms Icebreaker name/ball game Discussion of “angry man” drawing Drawing “what makes you angry” Discussion of drawings “Rotten Egg” game
<b>4</b>	Further discussion of previous week’s drawings Squiggle game Free play including drawing
<b>5</b>	“Demonstrate how you’re feeling” game Discussion of upcoming break Discussion: Which animal are you, and why? Playdough activity: Making your animal
<b>6</b>	Discussion of upcoming break Reading the therapeutic story Discussion of “sad woman” picture Drawing “what makes you sad” Discussion of drawings Free play
<b>7</b>	Joint telling of therapeutic story (with plasters) Discussion of termination Discussion of feelings Drawing and painting of feelings
<b>8</b>	Magazine collages made on children’s folders Children tell the therapeutic story (with sequins from calendar) Saying goodbye (in a circle)



**Sample session: The Play Group**

*Session seven : 16/09/02*

*Present: Jana Lazarus, Ben, and eight children (Kurt, Lena, Dina, Christine, Anna, Joyce, Rochelle and Ella)*

*Absent: Paul, Robert*

**Content summary:**

Session plan: I planned that we should eat the biscuits (Twinkies) on the blanket, that I would ask the children how they were, and then read them the story of the “Boer” and the 9 mice again, this time sticking “Garfield” plasters on their noses. Then we would do the fish calendar in a circle, talk about their feelings, and paint and draw their feelings. I thought that, if necessary, we could play “Rotten Egg” (“Vroteier”) again, or “Crossing the Divide” (where we all try to keep our feet touching so that we don’t fall in). We managed all of this except the games at the end.

Significant events: Mrs F called me earlier today to ask if I was coming this week; she said some of the children had waited for me last week, although some had told her I was not coming. School came out at 12h00 today, so the children had to wait 90 minutes for me. I saw Kurt first; he was standing in the road with a newly-shaved head and when he saw us he burst into a smile and raced the car up the driveway. Lena saw us next and for a second her face was stony; then she came running up alongside the car too, going “Yippee!”. All the children (except Rochelle and Ella, who arrived just after 13h30) clustered at the driver’s window. Kurt told me that Rochelle had gone home to change and had said she would be back, but that she was lying. He said he had waited and waited, and that he lives too far away to go home. I asked whether we should go and fetch Rochelle, to which the majority said no, but Anna said yes, with some concern. Someone else mentioned that “Paulie” wasn’t here either. No one mentioned Robert’s absence and in fact I only noticed it after the session.

As I got out, Lena said that I had forgotten to take my trousers off before I put my skirt on (as I was wearing a skirt over pants). As I opened the boot, all the children leapt on my belongings, Kurt grabbing the bag and accidentally tipping the box of Twinkies out. He picked it up in wonder. I felt Lena’s arms around my waist from behind. She came around and hugged me. Christine sidled up to my left side and did the same, a bit wanly. As we walked to the classroom, Lena said, “I missed you, teacher!” (“Ek het vir Juffrou gemissed!”) and that she had had a good look at my face to see if it had changed. I said she had doubted that I would come back, and still be the same. She said, “Look at me!” (“Kyk hoe lyk ek!”), referring to her home clothes (instead of uniform). Kurt said that as there were less of them today, could they each have more cookies? I said that what I brought did not feel enough. In the classroom, he held both boxes to his chest with a wide smile, and I asked whether he would take care of them for me till we started.

The children all sat in a little circle with the Twinkie boxes while Ben and I set up. They peeked inside. There was some mild grabbing at the box, but there was an atmosphere of “being good”. Kurt said that they all wanted a whole box each. Someone else said that each cookie *was* in its own box (the wrapper). I heard Kurt say, “There’s cream inside!” (“Daar’s room binne-in!”). I noticed Christine busily washing the sink with an old rag, with her sleeves rolled up, and looking like a little adult. As I came to sit with them, Kurt said that there were six of them, and twelve cookies, so could they have two each? Then Joyce suggested that they eat them straight away. I said if that was what they wanted to do, then that would be fine. The children ate peaceably for several minutes, each holding a fat Twinkie in either hand. Kurt sat close to me, half under my arm. He



stuck his fingers in the cream and stuck it on my nose. He kept on his box and Dina, surprisingly, claimed the other. Her face was radiantly happy. All of the children said they were fine when I asked; Dina responded to my queries about negative feelings by telling about feeling sad when someone hits you (she seems to have remembered this from the last session). Lena laughed, and grabbed the Twinkie box so that it tore. She motioned that she was going to “smear syrup” (“smeer stroop”) down Dina’s front with her Twinkie. Some chaos erupted. I tried to interpret about wanting to forget about, and sweeten, sad feelings. Lena listened with big eyes.

Rochelle and Ella came in at this point, and sat close to me on their knees. Someone said that they couldn’t have any cookies now, because they were too late. Someone else said that Ella wasn’t even at their school. Both Rochelle and Ella looked dumbstruck. I encouraged the children to share, and Christine gave half her Twinkie away, and then Dina did the same. Ella ate with a frightened face, and then Rochelle said Ella needed to go to the toilet. Soon afterwards, Rochelle said that Ella would not be coming back, that she was scared of the group. Lena said “She doesn’t have to be scared of us!” (“Sy hoef nie vir ons bang te wees nie!”). Joyce said, “When are we going to write?” (“Wanneer gaan ons skryf?”). I got up to fetch the story and Lena noted that I was tall “like my mother” (“soos my ma”).

As I started to read the story, some more fighting broke out, and after much warning, I had to send Lena out. She seemed amazed and amused, as well as a little scared. Two of her classmates tried to carry her out. Eventually she came out with me, holding my hand. When she came back in, she was very quiet and sad. I said that we had missed her and that I was not angry with her (“But I can’t allow you to hurt each other in here”). She warmed quickly at this. Next, Kurt had to be sent out. He smiled slightly, but took it robustly. I called him back soon, and he came to sit next to me, much quieter.

Joyce said that they had heard this story before, and then the children were delighted when I asked them to tell me what happens in it. They remembered that the Boer had brought cheese (and bread!) and everyone remembered about the noses and started touching mine. I was surprised, because I didn’t think they had listened very well when I told the story the first time. I pulled out the plasters and stuck one on Kurt’s nose. I was a bit surprised that he let me do this so easily. Everyone clustered around me: “Give mine, I want to put it on myself!” (“Gee myne, ek wil hom self opsit!”); “Do it for me, Miss!” (“Doen Juffrou dit vir my!”). Rochelle and Dina both took two plasters. I put a plaster on my own nose, and Lena said, “Miss, your nose is *long*!” (“Juffrou se neus is *lank*!”). I said that she was noticing how we differed. Rochelle and Christine briefly put their heads on my laps. I asked, what did the plasters mean? Rochelle said in a tired way that she had no idea. Dina said it meant, “Don’t cry!” (“Moenie huil nie!”). Everyone “got” that you touch your nose when you are sad. I said the plaster was for love.

The fish calendar moment was very painful. At first all the children were competing to be the one to put the sticker on. I asked how many times we would still see each other (“Six! Eight!”) (“Ses!” “Agt!”). They were clearly shocked when I said next week was our last time. Kurt: “Shouldn’t we come anymore, then?” (“Moet ons dan nie meer kom nie?”). Joyce: “But when is our Play Group, then?” (“Maar wanneer is ons Speelgroep dan?”). Lena sat at the back, looking down at her lap. I said that she was very sad, and that I did not blame her. Several children picked the sequins off the fish, and the picture tore. I said they were angry and wanted something of me to take home with them. I have said this so often that Rochelle is starting to chime in with me.

The children covered their distress with much excitement at the table about the paint. They showed renewed anxiety about whether everyone had a paintbrush, who held the paint pots, and even whether there was enough paper for everyone. They looked at me with wide eyes as I demonstrated anger, sadness and happiness on the page. An effective painting session followed, in which we really got talking about feelings. Joyce said to me outright, “You are going to leave us,



and you are never coming back” (“Juffrou ga nooit meer terug kom nie”). How do you interpret that?

Kurt was very quiet while painting. Children started folding their drawings over and sticking them together. Kurt painted on top of Rochelle’s drawing and they fought. After some talk about feelings, I sent them both outside. Perhaps this was unfair? Kurt disappeared and Rochelle wouldn’t come in when I asked her to. She sat outside for the rest of the session and wouldn’t talk to me. She handed me back my hair-elastic wordlessly.

The children were verbally reluctant to pack up for the first time: “Not yet! Not yet!” (“Nog nie! Nog nie!”). They do not want our time to end. Kurt put a paintbrush and the watercolour palette in his pocket, and showed me that he was taking this with him “to paint at home”. He asked whether I was going to give him a lift. Several children repeated the litany that they had asked their parents and got permission to come home with me. They said they no longer wanted me to take them to the zoo, but to my house. Kurt asked Ben for permission when I didn’t agree, and referred to Ben as “Teacher’s husband” (“Juffrou se man”).

Rochelle came in disconsolately as all the children had left already, looking for her plasters. I relented and gave her one I had hoped to keep as an example. This was probably an instance of unreassuring reassurance, and was largely for my own sake. She walked to the car with me, eyes downcast. She said she was definitely not coming next week.

Kurt stood on the playground with the ball, and we nearly missed this and left it behind. He said it wasn’t our ball, it was a yellow ball belonging to the school (when it was obviously green and white with spots on!). Lena pushed Anna into the boot and tried to cover her with the blanket (a stowaway!). All the children fought furiously to get the back door open, almost breaking the door handle, and again pushed Kurt onto the back seat. As we left, the children put their fingers in at the window and touched my nose. It was half a caress, and half a slap. This made me feel awed and raw at the same time.

Dina said she wanted my plaster, to put in her hair. I said I was keeping it to remember her by. We could hardly get the car out of the driveway for children on all sides. I saw Rochelle smiling slightly as she and the other girls pushed the car from behind. Kurt ran down a side-street and caught us up further down the road. He raced us, with a smile. Later I saw that Rochelle had written her name in the dust on my car’s back window, and someone had drawn two big hearts, one with a five in it.

### **Process notes:**

I felt nervous before this session, because of termination next week. I think the “Great Divide” game came to me partly because the children are (thankfully, in some ways) in a different world to mine, partly because we have been divided for a week, and partly because I am afraid we will all fall into a hole of despair over the upcoming goodbyes.

The children were not at all sure that I would arrive, hence Kurt was waiting in the road to “catch” me (and could not risk going home to change, in case he missed me). They all clustered at the window to hold me in one place, almost to pin me down. The urgent talk about the missing children may reflect their concern about the group disintegrating, what with my disappearance last week. At the same time, Kurt seemed to want to discredit the absentees so that he could get more of me (and the cookies) for himself. Robert and Paul’s absence seems to convey a sense of disillusionment, and mistrust. Why should I have come back this week?

Lena keeps reminding me of our differences (my clothes are funny, I have a ring on, my nose is long) but at the same time she is longing for me to mother and hold her. Her ambivalence, which



she probably feels towards her own loved mother who has abandoned her, was further demonstrated by her being smiley and loving, and then quiet and sulky, by turns during this session. The fact that she thought my face would have “changed” demonstrates her inability to keep a constant image of me (and her mother) in her mind, as well as an expectation of disappointment and abandonment. She is also identifying with me (the reference to her own clothes).

Kurt is ravenous for love, and good, warm things inside (“cream inside”). Nothing I give him feels enough. Never mind how much I speak to him about his feelings, or send him out of the room, or how many Twinkies I give him, he still wants more of the “yummy” things and is intent on destroying what other children have (envy). Kurt wants to annihilate other children because they take things away from him. He disappeared when I sent him out of the room in order to punish me and win my concern (“Send me out, and I’ll go away completely; you’ll never find me again”). This suggests that he is used to punishment and how to play it to get an emotional return. It is also a regression to a paranoid-schizoid position, where concern for the object is lost because of hateful feelings. His way of eating the Twinkie also suggests a reversion to a more primitive oral phase when around me. With a child’s wisdom, Rochelle said that Kurt “enjoys” being outside (in other words, she noticed that he loves the attention).

The cookies have become a central part of each session. I initially brought them because asking the children to bring “extra lunch” when most of them don’t even have any lunch to begin with, felt impossible. Now they have come to represent all the love, good feelings, and abundance that childhood *should* be full of. These children are starved of this; they are dealing with violence, sexual abuse, and hunger instead. Hence my cookies represent a fantasy of all that they want, and all that I wish I could give them. I am also addicted to being able to give the children something concrete to make their day better. And the cookies just keep getting fancier as termination approaches...I’ll have to bring a whole cake next week. Perhaps my reliance on the cookies demonstrates a lack of confidence on my part in my sessions’ ability to do anything therapeutic for the children (I was very surprised that they had internalised and could use the idea of touching noses for reassurance, for example). This is partly because I’m a new therapist, and have never really seen theory at work, and partly because I was wondering whether my techniques were applicable to such deprived children (at times they have not felt “concrete” enough, and supervision really helped me to adjust them appropriately).

Dina really surprised me today: she was extremely forthcoming and verbal. Her drawings with the paint were much bolder than any done previously. I sensed great relief from her that I had come back. She even gave herself permission to smack me lightly on the hip with a smile, both to see what I would do, and to express her anger at my past and intended disappearance. While she has previously covered her drawings, she now showed me as she was drawing, “Look, Miss – he’s crying because he’s sad. He’s very fat because he eats too much. He eats too much because he’s very hungry. Here is a big spider. It’s chasing the children.” (“Kyk, Juffrou – hy huil want hy’s hartseer. Hy is baie vet want hy eet te veel. Hy eet te veel omdat hy baie honger is. Hier is ‘n groot spinnekop. Hy jaag die kinders.”). She seems to have got the hang of therapy! Perhaps the paint medium freed her up. Perhaps the felt-tip pens, all one hundred of them, just intimidated her because they were so unknown. She answered difficult questions, like “What else can you do when you are sad?” (“Wat kan ‘n mens nog doen as jy hartseer is?”): “You can cry. You can hit people.” (“Jy kan huil. Jy kan mense slaan.”). “Is there someone the man can talk to about his feelings?” (“Is daar iemand met wie die man kan praat oor sy gevoelens?”): “His mother.” (“Sy ma.”).

She said she wanted to take the picture home, to show her mother. Later she showed it to me all painted over, saying, “Look, Miss, the man and the spider have gone.” (“Kyk, Juffrou, die man en die spinnekop is weg.”). This seems to be a typically resistant response to therapeutic progress! She wiped out all the feelings she had demonstrated because they scared her when they were out in



the open. She had also firmly stated earlier that she was going to take this picture home (to help her feel less exposed?). When I refused this, she painted over the picture as a last resort.

Anna, on the other hand, was very quiet and covered her mouth when I asked her about her drawings. She seemed reticent about expressing sad feelings. Of all the children, she is always the neatest and prettiest. I wonder whether she is allowed to speak about her painful feelings anywhere; she said that she had drawn her sister, who is “sad” (“hartseer”) because people smack her, and her sister’s name is on another of her drawings from today – but isn’t this a disguising projection? Similarly, her concern about fetching Rochelle may in fact express concern for herself, that *she* should not be left out and forgotten in the same situation.

Christine seemed to find the anticipation for the cookies unbearable; she turned to washing in defence, perhaps because it made her feel less vulnerable, and more in control. She said that she had drawn her friends, who were playing outside, while she was inside, eating food. She said she had a lot of work to do inside. I said that sounded lonely, and she nodded. Later, she wanted to take the little drawing of the friends home with her – it felt particularly cruel to refuse this, because they seemed like cut-out companions. I wondered whether Christine is facing extra responsibility at home because of her father’s death. The fact that she tore her original picture into three bits is very disturbing; it seems to be a very concrete demonstration of splitting, perhaps as a way to try and contain her grief.

Ella is a casualty of the group set-up: having arrived late in the process, and having left early twice, she probably does not understand what it is we are doing here, and the other children’s boisterous behaviour in front of two adults must seem outrageously naughty and confusing to her. She senses the primal horde atmosphere (being disowned for a cookie) and her fleeing is understandable. I feel a bit at a loss about her, because she was not on the original referral list.

On the whole, the children shirk from discussing actual, difficult feelings, and respond in stereotypical or sensationalist ways: “They break bottles on a rock and stick you with it!” (“Hulle breek bottels op ‘n klip en stiek jou daarmee!”). There is something significant in their telling me, a sheltered “white” person, this: I sense that they already know my world is not like theirs. They are half-trying to shock me, and at times laugh at these atrocities (because of shame?). Their fears include “criminals” (“skelms”) who steal your food, police who lock you up, rats and spiders which creep up on you, and men who rape children. This represents both real scenarios, and bogeyman-type fantasies. Either way, they are communicating about a harsh, punitive environment. Kurt again asked for fifty cents today – “to buy myself a chocolate with” (“om vir my ‘n tjoklit mee te koop”).

It took me about an hour to recover from this session; I felt very spaced out (probably a defence). What got me the most was Rochelle not speaking to me. I was relieved to see her bounce back a bit at the end – her best tool seems to be to push me away (literally and figuratively) before I can leave her. I have been thinking about ways to extend the run of the Play Group, and feel very relieved that I have the outreach art workshops to offer the children next week. Should I see each child for an individual “closure” session? I could address one problem specific to each child in these, for example, grief for Christine, sexual abuse (“learning to say no”) for Lena, aggression for Kurt. I feel relief driving away from the Moretown sessions, but the idea of not seeing these children anymore is very difficult indeed.

Sorting out the chaos in my bag, I noticed that one felt-tip pen and one block of the watercolour palette have gone missing. This is the first time this has happened in seven sessions; while the pieces may just have been lost in the classroom, it is equally likely that someone could not bear leaving everything behind in the face of the upcoming termination.



## Appendix D

### Therapeutic story (translation)

#### **The story of the “Boer” (white Afrikaans farmer) and the nine brown mice**

This is the story of nine brown mice who lived in a village in the mountains. As mice do, they made themselves at home in other people's houses – behind the cupboards, or under the floorboards, or in holes in the wall. They felt that they were not really welcome, because whenever people saw them, they shouted or screamed, or tried to catch the mice. The mice could not understand this, because all they wanted was to live in peace and not to hurt anyone. They weren't like the big rats, who bite people and can make them ill – they just wanted to play, have a warm place to sleep, and enough food to eat. But it was a real struggle for them to survive, and they often felt cold and sad. Sometimes it was so difficult for them that they got angry, and felt like hurting the people.

One day, they heard that a farmer was on the way to their town, and that he had asked to meet all the mice. They were very scared – what did the farmer want? Maybe he was actually a mouse-catcher, with nets and poison, and wanted to hurt them? The farmer asked that all the mice should come to an old classroom at the school one afternoon. Just a few mice came, to see what he wanted. The rest stayed away, because they were scared.

When the farmer came in, the mice were very surprised. He was strange, but he didn't shout and scream like the other people in the village. He spoke softly to them, and brought them cheese. Cheese! What if there was poison in it? What did the farmer actually want? But the cheese was delicious...cheddar, sweetmilk, gouda and cottage cheese...and the farmer said he just wanted to play. He was very well-dressed, and the mice assumed he had lots of money. They went to tell their other mouse friends about him.

Next time, all the mice came to the meeting. The farmer again brought cheese, a different kind each time, and he let the mice play, colour in, and mess with clay. Meantime, things were still difficult at home for the mice. They began liking the farmer more and more. They started wishing that they could go home with him when he drove away after their play time. But the farmer said this was not possible, because the village was their home. He thought the people in the village would miss the mice, even if it didn't always feel like that.

After many weeks of visiting and playing, the farmer said it was time for him to leave. He wouldn't be coming to play anymore. The mice were very sad, and did not understand why the farmer, whom they loved very much by now, had to go away. They felt like crying and were very angry. But the farmer asked them to come and sit on the carpet with him, and to listen closely. He wanted to give them something, he said, but it wasn't something you could touch or see, it was a present that you carried in your heart. Then he touched each mouse on the nose with his finger, and while he was doing this, he said:

“I have seen that you are loving mice, even though the people of this village do not always seem to know that. In the future, when you feel sad or angry, you just have to touch your noses again in order to feel strong. Because then you will remember how special I think you are. And that is magic.”

The mice felt their noses tingling, and knew that in future they would carry a lot of strength and love within themselves. Even though they were sad, they waved goodbye to the farmer as he was driving away for the last time. And on their way home, each mouse touched his or her nose, and smiled to feel that warm, tingling feeling of love again.